

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A06291</b> 1. Entity Name <b>SUMMIT ASSOCIATES, LTD.</b>			
Principal Place of Business <b>200 ADMIRALS COVE BLVD. JUPITER FL 33477</b>		Mailing Address <b>200 ADMIRALS COVE BLVD. JUPITER FL 33477</b>	
2. Principal Place of Business <b>3801 PGA BLVD.</b>		3. Mailing Address <b>3801 PGA BLVD.</b>	
Suite, Apt. #, etc. <b>SUITE 107</b>		Suite, Apt. #, etc. <b>SUITE 107</b>	
City & State <b>PALM BEACH GARDENS, FL</b>		City & State <b>PALM BEACH GARDENS FL</b>	
Zip <b>33410</b>	Country <b>USA</b>	Zip <b>33410</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>HYMAN, SHERRY 200 ADMIRAL COVE BLVD. JUPITER FL 33477</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3801 PGA BLVD. - SUITE 107</b> City <b>PALM BEACH GARDENS</b> <b>FL</b> Zip Code <b>33410</b>	

FILED

06 MAY -1 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number <b>59-1807638</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>840346</b>	STREET ADDRESS	<b>1845 WALNUT ST SUITE 1610</b>
NAME	<b>FRANKEL MANAGEMENT, INC.</b>	CITY - ST - ZIP	<b>PHILADELPHIA PA 19103</b>
STREET ADDRESS	<b>1845 WALNUT STREET</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE