


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A22844</b>	
1. Entity Name <b>SUMMIT PROPERTIES, LTD.</b>	

Principal Place of Business <b>208 WEST ALAMO LAKELAND FL 33813-1503</b>	Mailing Address <b>P.O. BOX 5400 LAKELAND FL 33807-5400</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-2702344</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>HARPER, ROBERT F III 280 WEST ALAMO DRIVE LAKELAND FL 33813-1503</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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	
9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.
<b>\$100.00</b>	

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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	
DOCUMENT #	<b>G99099900008</b>
NAME	<b>SUMMIT PROPERTIES</b>
STREET ADDRESS	<b>208 WEST ALAMO</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813-1503</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**U00000346382**  
**04/30/05 00074 009 141.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b>	<b>4/14/05</b>	<b>863 647-5554</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Robert F. Harper, III</b>	Date	Daytime Phone #

STAPLE CHECK HERE