

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership	1a. DOCUMENT # A30869
SUMMIT LIMITED PARTNERSHIP	

Mailing Address: 1330 S.E. WESTMORELAND PORT ST. LUCIE FL 34952	Principal Office Address: 1330 S.E. WESTMORELAND PORT ST. LUCIE FL 34952	3. Date Formed or Registered 12/04/1990	5a. Capital Contributions as Shown on record: \$255,500.00
		3a. Date of Last Report 12/26/1995	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address: 12608 Cove View	2a. Principal Office Address: 12608 Cove View	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 52-1727588	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Stuart, FL.	City & State Stuart, FL.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip 34994	Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KLASSEN, HELEN 1550 SE WESTMORELAND BLVD PORT ST. LUCIE FL 34952	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 12608 Cove View Suite, Apt. #, etc. City Stuart Zip Code FL 34994
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KLASSEN, HELEN	1550 SE WESTMORELAND 12608 Cove View	PORT ST. LUCIE FL Stuart, FL. 34994	900002045839--5 -01/03/97--01163--022 ****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Helen Klassen DATE 11-29-96
Typed or Printed Name of General Partner Signing Form Helen Klassen Daytime Telephone Number (561) 335-2084