

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30869

FILED  
Mar 18, 2004  
Secretary of State

**Entity Name:** SUMMIT LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7904 SADDLEBROOK DR.  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

7904 SADDLEBROOK DR.  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 52-1727588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLASSEN, HELEN  
7904 SADDLEBROOK DR.  
PORT ST. LUCIE, FL 34986

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 255,500.00

**Amount of Capital Contributions in Florida to date:** 10,000.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KLASSEN, HELEN  
Address: 7904 SADDLEBROOK DR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HELEN KLASSEN

GP

03/18/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date