

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30869

**FILED**  
**Mar 17, 2006**  
**Secretary of State**

**Entity Name:** SUMMIT LIMITED PARTNERSHIP

**Current Principal Place of Business:**

8072 KIAWAH TRACE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

8072 KIAWAH TRACE  
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  
8072 KIAWAH TRACE  
PORT ST. LUCIE, FL 34986 US

**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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KLASSEN, HELEN  
Address: 8072 KIAWAH TRACE  
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 Chapter 119, 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

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

03/17/2006

\_\_\_\_\_ Date