

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30869

**FILED**  
**Mar 24, 2009**  
**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:**

9405 SCARBOROUGH CT  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

8072 KIAWAH TRACE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

9405 SCARBOROUGH CT  
PORT ST. LUCIE, FL 34986

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:**

KLASSEN, HELEN  
9405 SCARBOROUGH CT  
PORT ST. LUCIE, FL 34986 US

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

03/24/2009

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KLASSEN, HELEN  
Address: 8072 KIAWAH TRACE  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDRESS CHANGES ONLY:**

Address: 9405 SCARBOROUGH CT  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify 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

GP

03/24/2009

Date