

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30869

1. Entity Name
SUMMIT LIMITED PARTNERSHIP



Principal Place of Business
12608 COVE VIEW
STUART FL 34994

Mailing Address
12608 COVE VIEW
STUART FL 34994

Ad 15/03
03 MAR 10 11 59
SEC: OFFICE ST/58-75
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

7904 SADDLEBROOK DR
Suite, Apt. #, etc.

7904 SADDLEBROOK DR
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

4. FEI Number 52-1727588

Applied For
Not Applicable

Zip 34986 Country USA

Zip 34986 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLASSEN, HELEN
12608 COVE VIEW
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

7904 SADDLEBROOK DR

PORT ST LUCIE

FL

Zip Code 34986

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$255,500.00

10. Amount of Capital Contributions in FLORIDA to date. 10,000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME KLASSEN, HELEN
STREET ADDRESS 12608 COVE VIEW
CITY-ST-ZIP STUART FL

STREET ADDRESS 7904 SADDLEBROOK DR.
CITY-ST-ZIP PORT ST LUCIE FL 34986

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CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
HELEN KLASSEN

3/4/03

772-370-9459

Date

Daytime Phone #

CR2E003 (10/02)