

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 5/03
03 MAR 10 # 8159
SEC. OF STATE
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

7904 SADDLEBROOK DR
Suite, Apt. #, etc.

7904 SADDLEBROOK DR
Suite, Apt. #, etc.

710

DUE BY MAY 1, 2003

City & State
PORT ST LUCIE FL
Zip
34986
Country
USA

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Zip
34986
Country
USA

4. FEI Number **52-1727588**

Applied For
 Not Applicable

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

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

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: *HELEN KLASSEN* **HELEN KLASSEN** **3/4/03** **772-370-9459**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)