2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002769

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SUMMERGLEN LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4800 NORTH FEDERAL HIGHWAY, SUITE 202-E BOCA RATON FL 33431	4800 NORTH FEDERAL HIGHWAY, SUITE 202-E BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
5801 N. CONGRESS	5801 N. CONGRESS
Suite, Apt. #, etc.: SUITE 205	Suite, Apt. #, etc.: SUITE 205
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

DUE BY MAY 1, 2003

4. FEI Number 65-0882083 ☐ 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
SIEMENS OCALA CORP. ATTN: RICHARD SIEMENS, PRESIDENT 4800 N. FEDERAL HIGHWAY, SUITE 202-E BOCA RATON FL 33431	Name: SIEMENS OCALA CORP. ATTN: RICHARD SIEMENS PRES. Street Address (P.O. Box Number is Not Acceptable): 5801 N. CONGRESS SUITE 205 City: BOCA RATON FL Zip Code: 33487

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$4,000,000.00		

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 #	P95000092200	STREET ADDRESS	
NAME	SIEMENS OCALA CORP.	CITY-ST-ZIP	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY, SUITE 202-E		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	900016988119
NAME		CITY-ST-ZIP	07/21/03--01007--027 **376.25
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DOCUMENT #		STREET ADDRESS	900016988119
NAME		CITY-ST-ZIP	04/25/03--01011--005 **150.00
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CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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 REQUIRED 4/21/03 561-362-9205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #