## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # F94000000609

1. Entity Name

SUMMIT PROPERTIES REAL ESTATE INC.



FILED
May 04, 2004 08:00 AM
Secretary of State

Principal Place of Business

309 E MOREHEAD ST.

STE 200

CHARLOTTE, NC 28202

Mailing Address

309 E MOREHEAD ST.

STE 200

CHARLOTTE, NC 28202



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 56-1857807

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8. The above the obligat	named entity submits this statement for the points of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	)t
SIGNATURE_						
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol><li>Election Campaign Finant Trust Fund Contribution.</li></ol>	cing	<b>\$5.00</b> May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				_
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CC MCGUIRE, WILLIAM B JR. 309 E MOREHEAD ST., STE 200 CHARLOTTE, NC 28203				H00000155555	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC PAULSEN, WILLIAM F 309 E MOREHEAD ST., STE 200 CHARLOTTE NC 28203				U00000155535 95/05/04-80041-023 150.00	

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IN THIS SPACE

TITLE SCHWARZ, MICHAEL L STREET ADDRESS 309 E MOREHEAD ST., STE 200 CITY-ST-ZIP CHARLOTTE, NC 28203 ROZELLE, PAUL R STREET ADDRESS 309 E MOREHEAD ST., STE 200 CITY- ST- ZIP CHARLOTTE, NC 28202 NAME LEBLANC, STEVEN R STREET ADDRESS 309 E MOREHEAD ST., STE 200 CITY-ST-ZIP CHARLOTTE, NC 28203 TITLE RANDALL, M. ELL NAME 309 E MOREHEAD ST., STE 200 STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28202

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Bozelle, VPC

4/21/04

704-334-3000