## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

**FILED** May 06, 2002 8:00 am Secretary of State 05-06-2002 90126 001 \*\*\*\*50.00

1. Entity Name  Summit East Management, L.L.C.  DO NOT WRITE IN THIS SPACE				954149	
2. Principal	Place of Business Summit Lake Dr.	3. Mailing Address	nit Lake Dr.	DO NOT WRITE IN TH	IIS SPACE
City & Sta	ahassee, Fl	City & State Tallahass	ee. Fl	4. FEI Number 59 – 3636598	Applied For Not Applicable
<sup>Zip</sup> 3231		<sup>Zip</sup> 32317	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
8. The above	e named entity submits this statement for the	the purpose of changing its	City Tall or registered office or register	4114DDCC	Zip Code 323.02
		Make Check Pa	FEE IS \$50.00 yable to Department o DUE BY MAY 1	(State	
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBERS MGR Kearney Richard S 1700 Summit Lake	Dr.	TITLE NAME STREET ADDRESS CITY ST ZIP		CRZE083B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, Fl 3	2317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	38 (1997) 1	CRZEO
NAME STREET ADDRESS CITY-ST-ZIP			NAME:  STREET ADDRESS  CITY-ST-ZIP	DO NOT WR	lie 4
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY ST. ZIP	IN THIS SPA	1
THTLE NAME STREET ADDRESS : CITY-ST-ZIP			NAME STREET ADDRESS CITY ST- 2P		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	notify that the information		NAME STREET ADDRESS CITY-S1-ZIP	tion 119.07(3)(i), Florida Statutes. I further ce	

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Richard S. Kearney

4/24/02 (850)219-5000

Daytime Phone #