

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90290 027 \*\*\*\*50.00

**DOCUMENT # L00000014998**

1. Entity Name

**SUMMIT INVESTMENT GROUP, LLC**

Principal Place of Business

**633 SOUTH FEDERAL HIGHWAY, 8TH FLOOR  
 FORT LAUDERDALE FL 33301**

Mailing Address

**P.O. BOX 02-9010  
 FORT LAUDERDALE FL 33302-9010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

65-1101649

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTEL, HARVEY  
 633 SOUTH FEDERAL HIGHWAY, 8TH FLOOR  
 FORT LAUDERDALE FL 33301**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM**  Delete  
 NAME: **HARVEY, MATTEL**  
 STREET ADDRESS: **633 S. FEDERAL HWY 8TH FL**  
 CITY-ST-ZIP: **FORT LAUDERDALE FL**

TITLE: **MGRM**  Change  Addition  
 NAME: **Deer Park Holdings LLC c/o Brian Friedman**  
 STREET ADDRESS: **6401 Golden Triangle Drive, Suite 320**  
 CITY-ST-ZIP: **Greenbelt, MD 20770**

TITLE: **MGRM**  Delete  
 NAME: **KARAS, GEORGE**  
 STREET ADDRESS: **212 SUTTER STREET, 3RD FL**  
 CITY-ST-ZIP: **SAN FRANCISCO CA**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
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 CITY-ST-ZIP:  Change  Addition

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 CITY-ST-ZIP:  Change  Addition

11. 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 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.

**SIGNATURE:**

**SIGNATURE REQUIRED** Harvey Mattel Managing Member

1/9/02

954.763.5095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)