

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014998

FILED
Jan 19, 2005
Secretary of State

Entity Name: SUMMIT INVESTMENT GROUP, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 02-9010
FORT LAUDERDALE, FL 333029010

New Mailing Address:

FEI Number: 65-1101649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HARVEY, MATTEL
Address: 633 S. FEDERAL HWY 8TH FL
City-St-Zip: FORT LAUDERDALE, FL

Title: MGRM () Delete
Name: KARAS, GEORGE
Address: 212 SUTTER STREET, 3RD FL
City-St-Zip: SAN FRANCISCO, CA

Title: MGRM () Delete
Name: DEER PARK, HOLDING LLC
Address: 6401 GOLDEN TRIANGLE DRIVE SUTE 320
City-St-Zip: GREENBELT, MD 20770

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HARVEY MATTEL

MGRM

01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date