

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015458

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** SUMMIT INVESTMENT PROPERTIES, L.L.C.

**Current Principal Place of Business:**

16400 NW 2ND AVE.  
SUITE 102  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16400 NW 2ND AVE.  
SUITE 102  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-1142105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALTMAN, SANFORD MD  
16400 NW 2ND AVE.  
SUITE 102  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

ALTMAN, SANFORD MD  
16400 NW 2ND AVE.  
SUITE 101  
MIAMI, FL 33169 US

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:** SANFORD D ALTMAN MD

04/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** ALTMAN, SANFORD MD  
**Address:** 16400 NW 2ND AVE.  
**City-St-Zip:** MIAMI, FL 33169

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** ALTMAN, SANFORD D MD  
**Address:** 16400 NW 2ND AVE.  
**City-St-Zip:** MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:** SANFORD D ALTMAN MD

MGR

04/19/2006

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