
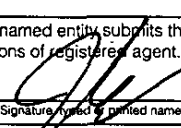
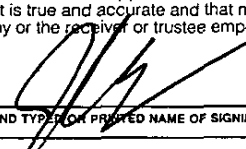


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90005 009 \*\*\*\*50.00

DOCUMENT # L03000018287					
1. Entity Name <b>SUMMIT 8, LLC</b>					
Principal Place of Business 10121 CALUMET LANE LAKE WORTH, FL 33467			Mailing Address 10121 CALUMET LANE LAKE WORTH, FL 33467		
2. Principal Place of Business <b>6649 Forest Hill Blvd</b>		3. Mailing Address <b>6649 Forest Hill Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>West Palm Bch, FL</b>		City & State <b>West Palm Bch, FL</b>		4. FEI Number <b>02182004</b> Chg-LLC    CR2E083 (10/03)	
Zip <b>33413</b>		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33413</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name <b>JEFFREY C LEE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6649 Forest Hill Blvd</b> City <b>West Palm Beach</b> FL    Zip Code <b>33413</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)    DATE					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEE, JEFFREY C <input type="checkbox"/> Delete 10121 CALUMET LANE LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEE, SYLVIA <input type="checkbox"/> Delete 10121 CALUMET LANE LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					