

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018287

Entity Name: SUMMIT 8, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

New Principal Place of Business:

825 S. US HWY 1
SUITE 100
JUPITER, FL 33477

Current Mailing Address:

6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

New Mailing Address:

825 S. US HWY 1
SUITE 100
JUPITER, FL 33477

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, JEFFREY C
6649 FOREST HILL BLVD
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

LEE, JEFFREY C
825 S. US HWY 1
SUITE 100
JUPITER, FL 33477 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:

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEE, JEFFREY C
Address: 18978 POINT DR.
City-St-Zip: JUPITER, FL 33469

Title: MGR () Delete
Name: LEE, SYLVIA
Address: 18978 POINT DR.
City-St-Zip: JUPITER, FL 33469

ADDITIONS/CHANGES:

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 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: JEFFREY C LEE

MGR

05/01/2007

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