

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034921

Entity Name: SUMMIT PARTNERS, LLC

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

270 NE 51 ST.
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

555 SE 6TH AVE
#3G
DELRAY BEACH, FL 33483

Current Mailing Address:

270 NE 51 ST.
FT. LAUDERDALE, FL 33334

New Mailing Address:

555 SE 6TH AVE
#3G
DELRAY BEACH, FL 33483

FEI Number: 33-1096311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEILLY, BRADFORD J ESQ.
400 SE 18TH ST.
FT. LAUDERDALE, FL 33316 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: KAVALIN, DAVID
Address: 5207 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

Title: MGRM () Delete
Name: KAVALIN, SHARI
Address: 5207 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

Title: MGRM () Delete
Name: NAPPI, DONALD J
Address: 555 SE 6TH AVE. #3G
City-St-Zip: DELRAY BEACH, FL 33483

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: DONALD J NAPPI

MGRM

04/20/2005

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