


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90034 037 ****50.00

DOCUMENT # L04000071021					
1. Entity Name SUMMIT PINES, L.L.C.					
Principal Place of Business 11900 SE FEDERAL HIGHWAY, SUITE 213 HOBE SOUND, FL 33455			Mailing Address 11900 SE FEDERAL HIGHWAY, SUITE 213 HOBE SOUND, FL 33455		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>Suite 212</i>		Suite, Apt. #, etc. <i>Suite 212</i>			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number 74-3131854	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUERBERG, ERIC M ESQ. 200 VILLAGE SQUARE CROSSING, SUITE 102 ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name <i>Hayden P. Ridore</i> Street Address (P.O. Box Number is Not Acceptable) <i>11900 SE Federal Hwy Suite 212</i> City <i>Hobe Sound</i> FL Zip Code <i>33455</i>		
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 <i>[Signature]</i> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>			SIGNATURE <i>Hayden P. Ridore</i> DATE <i>4/14/06</i> <small>(NOTE: Registered Agent signature required when reinstating.)</small>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMPLETE BUILDING SOLUTIONS, INC. <input type="checkbox"/> Delete 1226 OMAR ROAD WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Complete Building Solutions Inc 11900 SE Federal Hwy Suite 212 Hobe Sound, FL 33455	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete SUMMIT PINES INVESTORS, LLC 100 GREENWOOD AVENUE EVANSTON, IL 60201		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Jason T Ackner 4/17/06 772-546- <small>Date Daytime Phone #</small> 3455		

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