

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr-13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000093458

1. Entity Name

SUMMIT MANAGEMENT GROUP OF FLORIDA, LLC



Principal Place of Business

**365 FIFTH AVE. SOUTH SUITE 201
NAPLES, FL 34102**

Mailing Address

**365 FIFTH AVE. SOUTH SUITE 201
NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



03092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2059223

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, RICHARD C
5551 RIDGEWOOD DRIVE STE 501
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANTARAMIAN, JACK
STREET ADDRESS	365 5TH AVE S STE 201
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGRM
NAME	PEZESHKAN, FRED F
STREET ADDRESS	2606 HORSESHOE DR S
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80046-010 55.00

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Thomas A. MacIvor, V.P. 4/10/06 (239) 434-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #