


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90081 014 \*\*\*\*50.00

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|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # L05000095385</b><br>1. Entity Name<br><b>SUMMIT COMMONS, LLC</b>   |  |  |   |                                  |   |
| Principal Place of Business<br><b>8845 NORTH MILITARY TR<br/>SUITE 100<br/>PALM BEACH GARDENS, FL 33410</b>  |  |  | Mailing Address<br><b>8845 NORTH MILITARY TR<br/>SUITE 100<br/>PALM BEACH GARDENS, FL 33410</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address  |   |   |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |   |   |
| City & State   |  |  | City & State  |   |   |
| Zip  |  | Country  |   | Zip   |   |
| Country  |  | Country  |   | 4. FEI Number<br><b>20-3544909</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><b>REICHEL, WILLIAM B<br/>8845 NORTH MILITARY TR<br/>SUITE 100<br/>PALM BEACH GARDENS, FL 33410</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.  |  |  |   | FL Zip Code   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>REICHEL, WILLIAM<br>8845 NORTH MILITARY TR SUITE 100<br>PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HAMILTON, HARRY<br>800 NORTH FLAGLER DR<br>WEST PALM BEACH, FL 33401                 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ARSANAULT, GERARD<br>800 NORTH FLAGLER DR<br>WEST PALM BEACH, FL 33401               | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |   |   |
| <b>SIGNATURE:</b> <i>William B. Reichel</i> <b>William B. Reichel, M M</b> 2/19/07 561-478-4440  |  |  |   |   |   |