2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90119 037 ****55.00

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1. Entity Name
SUMMIT WEALTH MANAGEMENT, LLC

Principal Place of Business	Mailing Address
7485 CONROY-WINDERMERE ROAD SUITE A ORLANDO, FL 32835 US	7485 CONROY-WINDERMERE ROAD SUITE A ORLANDO, FL 32835 US

03302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2731 S. MAGUIRE ROAD	2731 S. MAGUIRE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCOEE, FL.	City & State: OCOEE, FL.
Zip: 34761 Country: US	Zip: 34761 Country: US

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTON, KEN
7485 CONROY-WINDERMERE RD.
SUITE A
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name MS. CARRIE MISTINA
Street Address (P.O. Box Number is Not Acceptable) 2731 S. MAGUIRE ROAD
City OCOEE FL Zip Code 34761

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 MS CARRIE MISTINA Carrie Mistina 3/30/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATTON, KEN 7485 CONROY-WINDERMERE ROAD, SUITE A ORLANDO, FL 32835	☒ Delete	MGRM MR ANGELO ALLECA 1933 N. MEACHAM ROAD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JONES, DARYL D 7485 CONROY-WINDERMERE RD., SUITE A ORLANDO, FL 32835	☒ Delete	SUITE 110 SCHAUMBERG, IL 60173	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: William P. Kovacs authorized representative 3/30/07 630-231-5465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #