

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025216

FILED
Apr 08, 2008
Secretary of State

Entity Name: SUMMIT 16, LLC

Current Principal Place of Business:

825 S HWY 1
100
JUPITER, FL 33477

New Principal Place of Business:

438 SAVOIE DR.
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

825 S HWY 1
100
JUPITER, FL 33477

New Mailing Address:

438 SAVOIE DR.
PALM BEACH GARDENS, FL 33410

FEI Number: 20-4465765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, JEFFREY C
8255 US HWY 1 STE 100
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

LEE, JEFFREY C
438 SAVOIE DR.
PALM BEACH GARDENS, FL 33410 US

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: JEFFREY C LEE

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEE, JEFFREY C
Address: 825 S US HWY 1 STE 100
City-St-Zip: JUPITER, FL 33477

Title: MGR () Delete
Name: LEE, SYLVIA L
Address: 825 S US HWY 1 STE 100
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEE, JEFFREY C
Address: 438 SAVOIE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Change () Addition
Name: LEE, SYLVIA L
Address: 438 SAVOIE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFFREY C LEE

MGR

04/08/2008

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