

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000084008

**FILED**  
**Aug 30, 2007**  
**Secretary of State**

**Entity Name:** SUMMIT CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

3063 ASH PARK LOOP  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

3063 ASH PARK LOOP  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** 20-5449586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUFF, MARK H  
100 S. ORANGE AVENUE  
SUITE 200  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHERYL, ANDERSON L  
Address: 1273 WELLINGTON TERRACE  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHERYL, ANDERSON L  
Address: 3063 ASH PARK LOOP  
City-St-Zip: WINTER PARK, FL 32792

Title: M ( ) Change (X) Addition  
Name: RUFF, MARK H  
Address: 100 S ORANGE AVE SUITE 300  
City-St-Zip: ORLANDO, FL 32801

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:** CHERYL ANDERSON

MGRM

08/30/2007

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