2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
04-28-2008 90030 024 ***138.75

DOCUMENT # L07000097776

1. Entity Name
SUMMIT FINANCIAL PARTNERS, LLC

Principal Place of Business	Mailing Address
720 RUGBY STREET, SUITE 240 ORLANDO, FL 32804	720 RUGBY STREET, SUITE 240 ORLANDO, FL 32804

30007623

04252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1140 Country Club Dr	1140 Country Club Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State: Orlando, Fl
Zip: 32804 Country: USA	Zip: 32804 Country: USA

4. FEI Number: 26-1188359 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, JOHN L II 720 RUGBY STREET, SUITE 240 ORLANDO, FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARTNER ALVIN STEWART HALL JR 1140 COUNTRY CLUB DR ORLANDO, FL. 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALVIN STEWART HALL, III 5181 KNOLLWOOD CIRCLE ORLANDO, FL 32814 PARTNER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUKE TOLSON 2406 DEPAW AVENUE ORLANDO, FL 32804 PARTNER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROGER HERSHEY PARTNER 1260 COUNTRY CLUB OAKS CIRCLE ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARTNER ROGER HERSHEY 2103 HOWARD DRIVE WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____ 4/25/08 407-257-1200
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #