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DOCUMENT # L95000000360 1. Entity Name						FIL	ED CTA	- C*		
SUMMERBROOK WEST, L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
						DIAISING OF ANY				
Principal Place of Business 9200 S. Dadeland Blvd #500 Miami, Florida 33156						OI MAR -	9 PH 3:	5 <u>0</u> -		
Principal Place of Business 3. Mailing Address					 					
9200 S. Dadeland Blvd. Same as #2										
Suite, Apt. #, etc. Suite, Apt. #, etc.					•	DO NOT WRITE IN THIS SPACE				
#500 City & State City & State					4. FEI Numi			TTAC	plied For	
Miami,		Only & State	my & state			58-218	1321		t Applicable	
Zip				try	5 Certificat	e of Status Desired		5.00 Add		
<u>33156</u>	USA		···-				F	ee Require	d	
6. Name and Address of Current Registered Agent Name Name										
KEY CO	RPORATE SERVICES, IN	C.		EDGAR	R LEWIS					
200 S. Biscayne Blvd 20th Floor					ess (P.O. Box Numb <u>Biscayne</u> I	per is Not Acceptable	9)			
Miami, Florida 33131					-) V U •				
			•	#3400 City)			Zip Code		
				Miami			FL	331		
8. The above	named entity submits this statement for	or the purpose of changing its r	registere	ed office or reg	istered agent, or be	oth, in the State of Flo	orida.			
		Tiles	. T.				02/0	7/01		
SIGNATURE	Signature, types or printed navig of registered agent	Edga and title if applicable (NOTE			quired when reinstating)		02/0°	//01		
FILE NOW(II) FEE IS \$50.00 Make Check Payable to Department of State										
9.	MANAGING MEME		10.			ADDITIONS				
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11. I hereby	certify that the information supplied wit	n this filing does not qualify for	tne exe	mption stated i	in Section 119,07(3	до, Horida Statutes.	i iuriner certii	y mat the in	r of the	

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Summerbrook West, L.C., By: EquityLine Financial Group, Inc., its Managing Member

(305)670-9700