

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001108

1. Entity Name
KENDALL SUMMIT INVESTORS, L.C.



Principal Place of Business

4601 PONCE DE LEON BOULEVARD, STE 300
CORAL GABLES, FL 33146

Mailing Address

4601 PONCE DE LEON BOULEVARD, STE 300
CORAL GABLES, FL 33146



02162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0850829

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, ISAAC K
4601 PONCE DE LEON BOULEVARD, STE 300
CORAL GABLES, FL 33146

DO NOT WRITE
IN THIS SPACE

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

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, 2004

U00000078322
03/08/04-80021-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FISHER, ISAAC K
4601 PONCE DE LEON BOULEVARD, STE 300
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BERRIN, ROBERT
4601 PONCE DE LEON BOULEVARD, STE 300
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(n), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/1/04 (305) 663 6633