2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001108

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

Principal Place of Business	Mailing Address
4601 PONCE DE LEON BOULEVARD, STE 300 CORAL GABLES, FL 33146	4601 PONCE DE LEON BOULEVARD, STE 300 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

02162005No Chg-LLC CR2E083 (10/03)

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

U00000235780
02/19/05-80019-009 50.00

U00000235780
02/19/05-80019-009 50.00

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 119.07(3)(i), 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: _____ 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #