2000 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # L9900006042  1. Entity Name					
SUMMIT WEST 2000, LLC				FILED	
Principal Place of Business 6877 PHILLIPS INDUSTRIAL BOULEVARD JACKSONVILLE FL 32256		Mailing Address 6877 PHILLIPS INDUSTRIAL BOULEVARD JACKSONVILLE FL 32256-3029		VARD	OO APR IO AM 9: 20  SECRETARY OF STATE TALLAMASSEE FLORDA
Principal Place of Business     3. Mailing Address				·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State		<del></del>	4. FETNOmber Applied For Not Applicable
Zip	Country	Zip	Count	•	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent  Name					7. Name and Address of New Registered Agent
WAITE, CHARLES A 6877 PHILLIPS INDUSTRIAL BOULEVARD JACKSONVILLE FL 32256					P.O. Box Number is Not Acceptable)
			ł		
				-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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State					
9.	MANAGING MEMBI	ERS/MEMBERS	10.		ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAITE, CHARLES A 6877 PHILLIPS INDUSTRIAL BOULEVARD			l l	Change Addition 6.6 C C C C C C C C C C C C C C C C C C
TITLE NAME STREET ACCRESS CITY-ST-ZIP	NA!			l	☐ Change ☐ Addition ☐
TITLE MAME STREET ADDRESS GITY-ST-ZIP	RESS				Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleta			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiste		l l	Change Addition
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 of justee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Daytime Phone #					