

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001213

1. Entity Name
SUMMIT BRICKELLVIEW, LLC



Principal Place of Business
**309 E. MOREHEAD STREET, SUITE 200
CHARLOTTE, NC 28202**

Mailing Address
**309 E. MOREHEAD STREET, SUITE 200
CHARLOTTE, NC 28202**



01152004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2253853

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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**

1100000155244
05/05/04-80029-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SUMMIT PROPERTIES PARTNERSHIP, L.P. 309 E. MOREHEAD STREET, SUITE 200 CHARLOTTE, NC 28202
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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: Paul R. Rozelle **Paul R. Rozelle, VP** 4/21/04 704-334-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #