


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90135 021 ****50.00

DOCUMENT # M04000004296					
1. Entity Name SUMMIT MEDICAL PROPERTY, LLC					
Principal Place of Business 640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009			Mailing Address 640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 74-3130683	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COMPTON, JOHN M 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name John Brasher Street Address (P.O. Box Number is Not Acceptable) 8801 River Crossing Boulevard City New Port Richey FL Zip Code 34655		
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 C. John Brasher DATE 2/9/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUBIN, DAVID C 640 N. OLD WOODWARD, SUITE 302 BIRMINGHAM, MI 48009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: [Signature]			Date 2/11/05 Daytime Phone # 248-594-0505		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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