



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-18-2007 90040 039 \*\*\*150.00  
M05000002649

|  |  |  |   |  |                                       |
|--|--|--|---|--|---------------------------------------|
| <b>DOCUMENT # M05000002649</b><br>1. Entity Name<br><b>SUMMIT TITLE, LLC</b>   |  |  |   |   |                                       |
| Principal Place of Business<br><b>212 NORTH MAIN STREET<br/>HENDERSONVILLE, NC 28792</b>   |  |  | Mailing Address<br><b>212 NORTH MAIN STREET<br/>HENDERSONVILLE, NC 28792</b>  |  |                                       |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |  |                                       |
| City & State   |  | City & State   |   |  |                                       |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>16-1670946</b>   |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |                                       |
| 6. Name and Address of Current Registered Agent<br><br><b>SPENCER, KENDALL<br/>1200 RIVERPLACE BLVD<br/>SUITE 830<br/>JACKSONVILLE, FL 32207</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>CT Corporation System</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b><br>City <b>Plantation</b> FL Zip Code <b>33324</b> |  |                                       |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |  |  |   |  |                                       |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |                                       |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>MULLIGAN, THOMAS<br/>212 NORTH MAIN STREET<br/>HENDERSONVILLE, NC 28792</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Secretary<br/>William P. Crawford, Jr<br/>104 S. Main St.<br/>Greenville, SC 29601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes. |  |  |   |  |                                       |
| <b>SIGNATURE:</b>   |  |  | <b>William P. Crawford</b>  |  |                                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date <b>4/11/07</b>   |  | Daytime Phone # <b>(864) 255-4777</b> |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY 16 PM 3:59



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