

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000284

Entity Name: SUMMIT TOWER, LLC

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

8415 SEDONIA CIRCLE
FT. MYERS, FL 33967

New Principal Place of Business:

21301 SOUTH TAMIAMI TRAIL
SUITE 320
ESTERO, FL 33928

Current Mailing Address:

21301 SOUTH TAMIAMI TRAIL
SUITE 320-303
ESTERO, FL 33928

New Mailing Address:

FEI Number: 81-0559732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAISER, MATTHEW J
8415 SEDONIA CIRCLE
FT. MYERS, FL 33967 US

Name and Address of New Registered Agent:

TRAISER, MATTHEW J
21301 SOUTH TAMIAMI TRAIL
SUITE 320
ESTERO, FL 33928 US

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: MATTHEW TRAISER

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRAISER, MATTHEW J
Address: 8415 SEDONIA CIRCLE
City-St-Zip: FT. MYERS, FL 33967

Title: MGR () Delete
Name: MARCO, FRANK L
Address: 3702 CAPTAINS WAY, ADMIRALS COVE
City-St-Zip: JUPITER, FL 334774101

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRAISER, MATTHEW J
Address: 21301 SOUTH TAMIAMI TRAIL
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW TRAISER

MGR

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date