


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90057 007 \*\*\*150.00

**DOCUMENT # P94000072330**

1. Entity Name  
**SUMMIT AT SOUTHPPOINT CORPORATION**



40047494



01032005 Chg-P CR2E034 (10/03)

Principal Place of Business 20 NORTH ORANGE AVENUE SUITE 704 ORLANDO, FL 32801		Mailing Address 20 NORTH ORANGE AVENUE SUITE 704 ORLANDO, FL 32801	
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 59-3270911	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BRAZIEL, DANNIS D 800 N MAGNOLIA AVE SUITE 100 ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name <u>D. Mallory Walters</u> Street Address (P.O. Box Number is Not Acceptable) <u>20 N. Orange Ave</u> <u>Suite 704</u> City <u>Orlando, FL.</u> <b>FL</b> Zip Code <u>32801</u>			
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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 D. Mallory Walters D. Mallory Walters 3/31/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DECKER, RAINER KARL WEICHER-ALLEE57 HANNOVER, GE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRAZIEL, DENNIS D 800 N MAGNOLIA AVENUE SUITE 1400 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTKIEWICZ, FRED 150 E 42ND ST., SUITE 1400 NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EIKE, SABINA KARL WEICHERT-ALLEE 57 HANNOVER, GA 30825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALTERS, D. MALLORY 20 NORTH ORANGE AVE. SUITE 704 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Mallory Walters DM Walters 3/31/05 407-254-5454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #