

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:34



DOCUMENT # A04000001535 1. Entity Name SUNRISE GATE, L.L.P.					
Principal Place of Business 2875 N.E. 191 STREET SUITE 400A AVENTURA, FL 33180 US		Mailing Address 2875 N.E. 191 STREET SUITE 400A AVENTURA, FL 33180 US			
2. Principal Place of Business 2875 NE 191st Suite, Apt. #, etc. 300 City & State Aventura FL Zip 33180 Country USA		3. Mailing Address 2875 NE 191st Suite, Apt. #, etc. 300 City & State Aventura Florida Zip 33180 Country		4. FEI Number 20-1704330 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01062005 Chg-LP CR2E003 (10/03)			
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				400056033824 06/10/05--01073--001 **141.25 DATE	
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000070300		STREET ADDRESS		
NAME	SUNRISE GATE GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	2875 N.E. 191 STREET		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			SUNRISE GATE GP, LLC - R. DJMAL 04/28/05 (305) 935-6955 <small>Date Daytime Phone #</small>		

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