

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010704 AT

<b>DOCUMENT # A06164</b> 1. Entity Name <b>SUNDALE, LTD.</b>	
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business <b>9100 NORTH KENDALL DR MIAMI FL 33176</b>	Mailing Address <b>9100 NORTH KENDALL DR MIAMI FL 33176</b>
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2. Principal Place of Business	3. Mailing Address	4/18
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

DUE BY MAY 1, 2003	
4. FEI Number <b>59-1813297</b>	Applied For
	Not Applicable

<b>6. Name and Address of Current Registered Agent</b>  <b>SCUTIERI, PHILIP JR.</b> <b>9100 NORTH KENDALL DR.</b> <b>MIAMI FL 33176</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 18pt; font-weight: bold;">200016239722</div> <div style="text-align: center; font-size: 14pt;">04/18/03--01025--001 **448.75</div> City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$45,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # <b>P97000098107</b> NAME <b>KENDALE CAPITAL, INC.</b> STREET ADDRESS <b>9100 NORTH KENDALL DR</b> CITY-ST-ZIP <b>MIAMI FL 33176</b>	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (10/02)

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:  11 April 2003 (305) 274-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #