

# UNIFORM BUSINESS REPORT (UBR)

0002734 AB

DOCUMENT # A13833

1. Entity Name

SUN CITY CENTER ASSOCIATES, LTD.(L.P.)

FILED

02 SEP -9 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1935 GARRAUX ROAD  
ATLANTA GA 30327

1935 GARRAUX ROAD  
ATLANTA GA 30327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number 58-1504072

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,530,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M99000000515  
NAME SBK OF GEORGIA, L.L.C.  
STREET ADDRESS 1935 GARRAUX ROAD  
CITY-ST-ZIP ATLANTA GA 30327

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M99000000490  
NAME SAK, JR., L.L.C.  
STREET ADDRESS 200 GALLERIA PARKWAY, SUITE 1800  
CITY-ST-ZIP ATLANTA GA 30339

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

SAMUEL B. KELLETT  
SOLE MEMBER SBE, LLC  
GENERAL PARTNER

7/22/02 404-233-7281

Date

Daytime Phone #

CR2E003 (4/02)