2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A29327

1. Entity Name
SUNRISE TWO INDUSTRIAL, LTD.

FILED
04 JAN 21 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6601 N.W. 14TH STREET SUITE 1 PLANTATION, FL 33313	5009 N. HIATUS ROAD SUNRISE, FL 33351-7904

01082004 Chg-LP CR2E003 (10/03) 1/21

2. Principal Place of Business	3. Mailing Address
5009 N Hiatus Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise FL	City & State
Zip: 33351 Country	Zip Country

4. FEI Number: 65-0641455 ☐ Applied For ☐ Not Applicable

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
STEVEN J. COOPERMAN 6601 N.W. 14TH STREET SUITE 1 PLANTATION, FL 33313	Name: Steven J Cooperman Street Address (P.O. Box Number is Not Acceptable) 5009 N Hiatus Rd City: Sunrise FL Zip Code: 33351

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: Steven J Cooperman 1/12/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$100.00	

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 #	L35346	STREET ADDRESS	5009 N Hiatus Rd
NAME	SARA SUNRISE CORP.	CITY-ST-ZIP	Sunrise FL 33351
STREET ADDRESS	6601 NW 14TH STREET, SUITE 1		
CITY-ST-ZIP	PLANTATION, FL 33313		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Steven J Cooperman 1/12/04 9545727410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #