

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011324 AT

DOCUMENT # A98000002565



1. Entity Name
HOME DYNAMICS SUNRISE, LTD.

FILED

03 FEB -6 AM 11: 59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**4810 WEST COMMERCIAL BLVD.
TAMARAC FL 33319**

Mailing Address
**4810 WEST COMMERCIAL BLVD.
TAMARAC FL 33319**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number **65-0856960**

Applied For
Not Applicable

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

**SCHACK, EDWARD J
1954 PINES BLVD.
PEMBROKE PINES FL 33024**

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

9. Capital Contributions as Shown on record. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	P98000095690
NAME	HOME DYNAMICS SUNRISE CORPORATION
STREET ADDRESS	7103 CRESCENT CREEK LANE
CITY-ST-ZIP	COCONUT CREEK FL 33073
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STAPLE CHECK HERE

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: **SIGNATURE: DAVID SCHACK, PRESIDENT**

1/17/03
Date

954-484-4800
Daytime Phone #