## 3/ May 01, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000005679 03-29-2002 91215 026 \*\*\*\*50.00 1. Entity Name SUNRISE PLAZA ASSOCIATES II, LLC Principal Place of Business Mailing Address 7000 WEST PALMETTO PARK ROAD 7000 WEST PALMETTO PARK ROAD 27197 SLITE 408 SUITE 408 **BOCA RATON FL 33433** BOCA RATON FL 33433 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE SVP/S ☐ Delete TITLE Addition ☐ Change CR2E083 (9/01 Maria Ashenfelter NAME STREET ADDRESS STREET ADDRESS 7000 West Palmetto Park Road CITY-ST-ZIP CITY-ST-7IP Boca Raton, FL 33433 TITLE ☐ Defete VP/CFO . TITI F [X] Addition NAME Gregory B. Combs STREET ADDRESS STREET ADDRESS 7000 West Palmetto Park Read CITY-ST-78 CITY-ST-ZIP Boca Raton, FL: 33433 TITLE ☐ Delete TITLE Pres. Addition ☐ Change NAME NAME Simon\_Konover\_ STREET ADDRESS STREET ADDRESS 342 North Main Street West Hartford, CT 06117 CITY-ST-ZIP CITY-ST-ZIP TITLE Kristen Mirrione 7000 West Palmetto Park Road ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS Boca Raton, FL 33433 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**Treasurer** 

NAME

TITLE

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST. 7IP

Kristen Mirrione.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Change

☐ Addition

☐ Addition

FILED