

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30978**

1. Entity Name
SUNSET LAKES, LTD.



FILED

03 JAN 27 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1314 E. CAPE CORAL PKWY., #203
CAPE CORAL FL 33904**

Mailing Address
**P.O. BOX 101335
CAPE CORAL FL 33910**

2. Principal Place of Business
1314 E CAPE CORAL PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 204

DUE BY MAY 1, 2003

City & State
CAPE CORAL, FL.

City & State

4. FEI Number **65-0260993**

Applied For

Not Applicable

Zip
33904

Country
US

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

**IBC FIDUCIARY, INC.
100 S.E. 2ND STREET, SUITE 2315
MIAMI FL 33131**

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. **\$3,310,348.00**

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 # **P97000060941**
NAME **SUNSET LAKES EQUITIES, INC.**
STREET ADDRESS **1314 E. CAPE CORAL PKWY., #203**
CITY-ST-ZIP **CAPE CORAL FL 33904**

STREET ADDRESS **1314 E CAPE CORAL PKWY # 204**
CITY-ST-ZIP **CAPE CORAL, FL. 33904**

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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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

01/22/03

0014911 AT

CR2E003 (10/02)