2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT (	(UBR)
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DOCUMENT # A0000000732  1. Entity Name									11386 A		
D.B.S., 1	лт., Щр				•				FILED		¥1
Principal Place of Business Mailing Address							01 JAN 29 AM II: 23				
1515 RINGLING BLVD 1515 RINGLING BLVD											
SUITE 890 SARASOTA FL 34236				SUITE 890 SARASOTA FL 34236			Ţ	ALLAHASSEF FLORI	LE NA		
Grando IX II	L 04200			•	AIAGGTA 1 E 34200		SECRETARY OF STATE TALLAHASSEE, FLORIDA		TILÎ ÎNDIN INDANE KIRÎN INDI K <b>ar</b> ê		
2. Principal Place of Business				3. Mailing Address				1841 88711 88111 88111 88111 88711 88111 8 -	[{   <b>                                    </b>		
Suite, Apt	. #, втс.				uite, Apt. #, etc.			DO NOT WRITE IN THIS:	SPACE		
City & State			City & State		4. FEI Numbe	٢	Applied For Not Applicab	ole			
Zip		Country			Zip Country		5. Certificate of		\$8.75 Additional Fee Required		
	6. Name	and Addres	ss of Current	l Regis	tered Agent	1		7. Name and	Address of New Registered	<u> </u>	$\dashv$
	4000	٠ .	-	~			Name		. ****		<u> </u>
GEIMER, I	LAHHY GLING BLVD	\					Street Address	(P.O. Box Number	is Not Acceptable)		7
SUITE 890		,						(	·		-
	A FL 34236						City	<u>.                                    </u>	<u> </u>	Zip Code	
9 The shows									FL	Zip Gode	
o. The above	e named entity	y submits thi	s statement to	the p	ourpose of changing its	s register	ed office or regist	ered agent, or both	, in the State of Florida.		
SIGNATURE	Construct to and		of registered agent a	. 1491-1						7111	
9. Capital Co			<del></del>	na title i	10. Amount of Capit		ed Agent signature requir	ed when reinstating)	11. MAKE CHECK PAYABLE	TO DEDT OF STATE	_
as Shown		·	\$30.00		in FLORIDA to o	late.			SEE REVERSE SIDE FO	R FEE INFORMATION	
	NOTE:	GENERAL General F	PARTNER T Partners MA	HAT Y NO	IS A BUSINESS EN IT be changed on t	ITITY M he form	IUST BE REGIS 1; an amendme	STERED AND AC Int must be filed	CTIVE WITH THIS OFFICE to change a general part	Iner.	ı
12.		GENE	RAL PARTNER			13.			ADDRESS CHANGES ONL		ゴニ
DOCUMENT # NAME	P94000088660 SUNNYLEA CORPORATION				STR	EET ADDRESS				1/00	
STREET ADDRESS CITY-ST-ZIP	1515 RINGLING BLVD SUITE 890 SARASOTA FL 34236				CITY	r-ST-ZIP				2E003 (11/00)	
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OOCUMENŤ# NAME						STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	·					CITY	-ST-ZIP		***************************************		
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DOCUMENT # NAME	1		<del>-</del>			STRE	ET ADDRESS				7
STREET ADDRESS CITY-ST-ZIP				٠	<u> </u>		-ST-ZIP		¥4.4.	<del></del> .	-
14. I hereby condicated the receive	ertify that the on this report er or trustee o	information is true and a empowered t	supplied with taccurate and to	his fili nat my repor	ing does not qualify for y signature shall have to t as required by Chapt	the exer the same ter 620. F	mption stated in S e legal effect as if i	ection 119.07(3)(i), made under oath; t	Florida Statutes. I further certi hat I am a General Partner of t	fy that the information he limited partnership o	or
	SUNN	IYLEA/	CORPO	XA.	FON			,			
SIGNAT	URE: P	er Sylving	MO TYPE OR	//	NAME OF SEMENT GENERAL	L PARTNE		1/0	$\frac{23}{0} = \frac{94}{0}$	)-951-2004	H
	1.0	ווטורי	<del>103 U. )</del>	1116	reside	:11 <b>L</b>		<del></del> <u></u>		<u> </u>	