

2002 UNIFORM BUSINESS REPORT (UBR)

000739 AT

DOCUMENT # A01000000652

1. Entity Name

SUNVEST PARTNERS OF HEATHROW, LTD.

5-26-25

FILED

02 MAY -2 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW FL 32746	Mailing Address 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW FL 32746
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002

4. FEI Number 59-3727101	Applied For Not Applicable
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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

**SUNDSTROM, DAVID J
120 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

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

9. Capital Contributions as Shown on record. \$1,150,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000047970 SUNVESTPARTNERS OF HEATHROW, INC. 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW FL 32746	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	100005555231--8
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	-05/16/02--01058--010
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: **SUNVEST PARTNERS OF HEATHROW, LTD.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-02 407-829-7373
Date Daytime Phone #

CR2E003 (9/01)