

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000526

1. Entity Name
SUNRISE FIVE INDUSTRIAL, LTD.



Principal Place of Business
**6601 N.W. 14TH STREET
 SUITE ONE
 PLANTATION, FL 33313**

Mailing Address
**5009 N. HIATUS ROAD
 SUNRISE, FL 33351-7904**

2. Principal Place of Business
5009 N Hiatus Rd
 Suite, Apt. #, etc.

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

City & State
Sunrise FL
 Zip
33351

City & State

Zip

Country

FILED
04 JAN 21 AM 9:11
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number
02-0602777

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COOPERMAN, STEVEN
 6601 N.W. 14TH STREET
 SUITE ONE
 PLANTATION, FL 33313**

7. Name and Address of New Registered Agent

Name
Cooperman Steven

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

5009 N Hiatus Rd

City
Sunrise

FL

Zip
33351

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.

1/12/04

DATE

9. Capital Contributions
 as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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

DOCUMENT # **P02000038166**
 NAME **SARA COOPERWOMAN, INC.**
 STREET ADDRESS **6601 N.W. 14TH STREET**
 CITY-ST-ZIP **PLANTATION, FL 33313**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5009 N Hiatus Rd**
 CITY-ST-ZIP **Sunrise, FL 33351**

DOCUMENT #
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STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/04

Date

9545727410

Daytime Phone

STAPLE CHECK HERE