


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 03, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # A02000000526 1. Entity Name SUNRISE FIVE INDUSTRIAL, LTD. |  |
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|---|---|
| Principal Place of Business 5009 N HIATUS RD. SUNRISE, FL 33351 | Mailing Address 5009 N HIATUS RD. SUNRISE, FL 33351 |
|---|---|



01082008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 02-0602777 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

COOPERMAN, STEVEN
5009 N HIATUS RD.
SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 | 5009 N HIATUS RD. |
| CITY-ST-ZIP | SUNRISE, FL 33351 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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U00000845814
03/18/08-80003-004-500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/28/08 9545727410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone