

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

06 MAY 06 MAY 1 1:28 PM '06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-1704330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DOCUMENT # A04000001535	
1. Entity Name SUNRISE GATE, L.L.P.	

Principal Place of Business 2875 NE 191 STREET SUITE 300 AVENTURA, FL 33180 US	Mailing Address 2875 NE 191 STREET SUITE 300 AVENTURA, FL 33180 US
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2. Principal Place of Business 2875 N.E. 191st St. Suite, Apt. #, etc. Suite 300 City & State Aventura, FL Zip 33180 Country USA	3. Mailing Address 2875 N.E. 191st St. Suite, Apt. #, etc. Suite 300 City & State Aventura, FL Zip 33180 Country USA
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6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L04000070300 SUNRISE GATE GP, LLC 2875 N.E. 191 STREET AVENTURA, FL 33180	STREET ADDRESS CITY-ST-ZIP	2875 N.E. 191st St., Suite 300 Aventura, FL 33180
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: 4/27/2006 305 935-6955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE