

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000193

Entity Name: SUNNYSIDE PLAZA, LLLP

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10654 LAKE HILL DR  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121427  
CLERMONT, FL 34712

**New Mailing Address:**

FEI Number: 26-2080949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STILLMAN, DEBRA C  
10654 LAKE HILL DR  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: STILLMAN, DEBRA C  
Address: P O BOX 121427  
City-St-Zip: CLERMONT, FL 34712

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: KOSZEGI, SHARON L  
Address: 10401 VISTA PINES LOOP  
City-St-Zip: CLERMONT, FL 34711

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DEBRA C STILLMAN

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/28/2011

\_\_\_\_\_  
Date