

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09441**

1. Entity Name

SUNRISE APARTMENTS II, LTD.

Principal Place of Business

**7809 COOPER RD.
CINCINNATI OH 45242**

Mailing Address

**7809 COOPER RD.
CINCINNATI OH 45242**

APPROVAL
AND
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Grove at Lakeland Square

3. Mailing Address

Grove at Lakeland Square

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

City & State

Lakeland Florida

City & State

Lakeland Florida

Zip

33809

Country

U.S.A.

Zip

33809

Country

U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

59-2031754

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY K
4561 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

**Barcap Realty Services Group, Inc.
Grove at Lakeland Square
3570 U.S. Hwy 98 N.
Lakeland FL 33809**

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 **Mark L. Wilson, VP** **Mark L. Wilson, VP**

3/15/02

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

DATE

9. Capital Contributions
as Shown on record.

\$400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P97000037661**
NAME **BARON CAPITAL LIV, INC.**
STREET ADDRESS **7826 COOPER ROAD**
CITY-ST-ZIP **CINCINNATI OH 45242**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300005183733--1
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DOCUMENT #
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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: **Mark L. Wilson, VP** **Mark L. Wilson, VP** **3/15/02** **513 936 3408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0016764 AT

CR2E003 (9/01)

PLEASE CHECK HERE