

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016475 AF

DOCUMENT # **A09442**

1. Entity Name

**SUNRISE APARTMENTS, LTD.**

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>7809 COOPER ROAD CINCINNATI OH 45242</b>	Mailing Address <b>7809 COOPER ROAD CINCINNATI OH 45242</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2031734</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>MCGRATH, GREGORY K 4561 GULF OF MEXICO DRIVE #101 LONGBOAT KEY FL 34228</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$570,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P97000037649</b>
NAME	<b>BARON CAPITAL LIII, INC.</b>
STREET ADDRESS	<b>7826 COOPER ROAD</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45242</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>0000004218620-5</b>
CITY-ST-ZIP	<b>-05/15/01--01140--002</b>
STREET ADDRESS	<b>****535.00 ****535.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Gregory K. McGrath* REQUIRE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Gregory K. McGrath**  
**April 25, 2001**  
**(513) 984-5001**

CR2E003 (11/00)