| | RM BUSINESS | REPORT | (UBR) |
|-------------|-------------|--------|-------|
| OCÉINIENT # | 100442 | | |

APPROVE... AND FILED

02 MAR 27 PM 12: 10

| 1. Entity Name | | |
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| SUNRISE APARTMENTS, LTD. | | |
| Principal Place of Business | Mailing Address | |
| 7 009-COOPER HO AD | 7909-COOPER-ROAD | |

OFFICE FERF

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

| Principal Place of Business 7809-60PER HOND CINCHANNATION 15392 2. Principal Place of Business (NOVI ON TOTAL ON THE PRINCIPAL ON THE PRINCIP | | | | | SECRETARY OF | STATE | |
|--|--|---|------------------|--|-------------------------|----------------|--|
| CONSIDER PRICE OF BURINGS WIND ALL #, 910, Sulfo, Apt. #, 910, Sul | Principal Place of Business Mailing Address | | | TACEAHASSEL | EURIDA | | |
| Suita Api File of Land Square | | | | | | | |
| Suite, Apt. # oic City & State City | | | | | | | |
| Specific Control Country Specific Country Spe | | | 1,140,01,14 | (10010) (107 00110) 1011 01011 1101 01011 11011 11011 11011 | | | |
| Second S | 3510 US, HWY 98 N | OUS, Hwy 98 N. Suite, Apt. #, etc. 3570 US. Hwy 98 N. | | | DUE BY MAY 1, 2002 | | |
| 6. Name and Address of Current Registered Agent MCCRATH, GREGORY, K 4561 GULF OF MEXICO DRIVE #194 LONGBOAT KEY FL 34228. 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 9. Cepital Contributions as Shown on record. A GENERAL PARTINER THAT IS A BUSINESS SITTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS SITTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTNER THAT IS A SUBJENCESS SITTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME BARON CAPITAL UII, INC. 77. STAZE STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET A | | laxiland Flo | | 4. FEI Number | 59-2031734 | Not Applicable | |
| MCCRATH, GREGORY K 4561 GULE OF MEXICO DRIVE 4164 LONGBOAT KEY FL 34228. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Type Type Type Type Type Type Type Typ | 33809 USA | | Country | | | Fee Required | |
| ### ### ### ### ### ### ### ### ### ## | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Ad | dress of New Registered | Agent | |
| ### LONGBOAT KEY FL 34228 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, SIGNATURE | · | | Signet Addies | (P.Q. Box Number is | Not Acceptable) | 2, Inc. | |
| ###################################### | | | Chors | at lake | land Square | <u> </u> | |
| 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, bysed or printed many of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida, SIGNATURE Signature, bysed or printed many of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida, SIGNATURE Signature, bysed or printed many of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida, DATE 3 / 15 / 02 DATE 10. Amount of Capital Contributions SER REVERSE SIDE FOR FEE INFORMATION 10. Amount of Capital Contributions 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / SIREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT / DATE DATE DATE DATE DATE DATE DATE DATE SITE ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / DOCUMENT / DOCUMENT / DOCUMENT / DATE DATE | | | 3510 U | S. HWU _ | 98 1. | | |
| 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 | LONGBOAT KEY FL 34228 | | GITX YALAN | $\overline{}$ | FL | Zip Code | |
| Signature hyperd or princed name of registered agent and differ it applicables. 9. Capital Contributions as Shown on record. \$570,000.00 10. REPARA 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | 8. The above named entity submits this statement | or the purpose of changing its re | | | n the State of Florida. | | |
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| 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 P97000037649 BARON CAPITAL LIII, INC. 7826 COOPER ROAD CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP S | 9. Capital Contributions \$570,000,00 | 10. Amount of Capital C | | | | | |
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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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Mark L. Wilson, Vf 3/15/02 513 936 3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #