

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016761  
AT

DOCUMENT # **A09442**

1. Entity Name

**SUNRISE APARTMENTS, LTD.**

02 MAR 27 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7809 COOPER ROAD  
CINCINNATI OH 45242

Mailing Address

7809 COOPER ROAD  
CINCINNATI OH 45242



2. Principal Place of Business

Grove at Lakeland Square

3. Mailing Address

Grove at Lakeland Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3570 US Hwy 98 N.

3570 US Hwy 98 N.

City & State

City & State

Lakeland Florida

Lakeland Florida

Zip

Country

Zip

Country

33809

USA

33809

USA

DUE BY MAY 1, 2002

4. FEI Number

59-2031734

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCRATH, GREGORY K  
4561 GULF OF MEXICO DRIVE  
#101  
LONGBEACH KEY FL 34228

7. Name and Address of New Registered Agent

Name  
Barcap Realty Services Group, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
Grove at Lakeland Square  
3570 US Hwy 98 N.  
City  
Lakeland FL Zip Code  
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.

\$570,000.00

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

DOCUMENT # P97000037649  
NAME BARON CAPITAL LIII, INC.  
STREET ADDRESS 7826 COOPER ROAD  
CITY-ST-ZIP CINCINNATI OH 45242

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

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 #

CR2E003 (9/01)

STAPLE HERE