



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:00

DOCUMENT # A09442					
1. Entity Name SUNRISE APARTMENTS, LTD.					
Principal Place of Business GROVE AT LAKE LAND SQUARE 3570 US HWY 98 N LAKE LAND, FL 33809			Mailing Address GROVE AT LAKE LAND SQUARE 3570 US HWY 98 N LAKE LAND, FL 33809		
2. Principal Place of Business 109 West Commercial St. Suite, Apt. #, etc.		3. Mailing Address 109 West Commercial St. Suite, Apt. #, etc.			
City & State Sanford, Florida		City & State Sanford, Florida		4. FEI Number 59-2031734	
Zip 32771	Country USA	Zip 32771	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKE LAND SQUARE 3570 US HWY 98 N LAKE LAND, FL 33809			7. Name and Address of New Registered Agent Name Barcap Realty Services Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 109 West Commercial Street City Sanford FL Zip Code 32771		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$570,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P97000037649		STREET ADDRESS	109 West Commercial Street	
NAME	BARON CAPITAL LIII, INC.		CITY-ST-ZIP	Sanford, Florida 32771	
STREET ADDRESS	3570 US HWY 98 N.				
CITY-ST-ZIP	LAKE LAND, FL 33809				
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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: 			APR 29 2005 407-688-7762		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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