FOR DEINS TO THE Secretary of State LIMITED PARTNER LINES TO THE LINES TO THE PARTNER LINES TO THE					
DOCUMENT # A 13225 1. Name of Limited Partnership SUNCO PROPERTIES, LTD, V 7357 FOX TROTTING ROAD SARASOTA, FL 34241			99 AM3 - 1, AM	S: 38	
2. Mailing Address SAME	3. Principal Office Address SAME		4. Date Formed or Registered To Do Business in Florida	4. Date Formed or Registered To Do Business in Florida 09–29–82	
Suite, Apt #, etc	Suite, Apt. #, etc.		5. FEI Number	Applied For	
City & State	City & State		59-2223670 6.	Not Applicable	
Z _i p Country	Zip Country			CERTIFICATE OF STATUS DESIREO S8 75 Additional Fee required for a Certificate of Status	
			7. State or Country of Formation	n FLORIDA	
8a. Capital Contributions as Shown on Record 37,500	FEES:1.) Filing Fee(s). Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.				
8b. Amount of Capital Contributions in FLORIDA to date 37,500	 Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u>. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 				
9. Name and Address of Current Registered Agent		Name	10. If changed new registered agent/office Name		
APOGEE ASSOCIATES, INC. 7357 FOX TROTTING ROAD SARASOTA, FL 34241		Street Addre	Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.		
	Спу			FL Zip Code	
10a, Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192. Florida state of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192. Florida state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). DATE DATE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)	Address of Each Gener (Do NOT Use Post Office B	al Partner	City, State and Zip Code	11a. Registration Document Number	
APOGEE ASSOCIATES, INC.	7357 FOX TROTTING RD		SARASOTA, FL 34241	F66030	
,			400002 -03/1 ****	29552649 0/9901019082 797.50 ****797.50	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and sharing signature styll have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this support as required by chapter 620. Florida Statutes SIGNATURE DATE					

Typed or Printed Name of General Partner Signing Form _ G. WILLARD HOWE

Telephone Number 1-366-0900