

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -5 PM 3:39

1. Name of Limited Partnership

1a. DOCUMENT #
A13890

WEST SUNRISE, LTD.



Mailing Address

1512 E. BROWARD BLVD., #200
FT. LAUDERDALE FL 33301

Principal Office Address

1512 E. BROWARD BLVD., #200
FT. LAUDERDALE FL 33301

3. Date Formed or Registered

01/21/1983

3a. Date of Last Report

11/01/1996

5a. Capital Contributions as
Shown on record.

\$450,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$450,000 -

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-2257574

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

FIRST FLORIDA SUNRISE ASSOCIATES, LTD.
2320 NE 9TH ST
SUITE 300
FT. LAUDERDALE FL 33304

10. If changed, new Registered Agent/Office

Name

J. WALTER MCCRORY, TRUSTEE

Street Address (P.O. Box Number Is Not Acceptable)

1512 E. BROWARD BLVD

Suite, Apt. #, etc.

SUITE 200

City

FT LAUDERDALE

FL

Zip Code

33301

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 Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

J. Walter McCrory, Trustee DATE 12-1-97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

1ST FL.SUNRISE ASSOC.LTD

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2320 NE 9TH ST STE 30

11b. City, State & Zip Code

FT. LAUDERDALE FL 333

11c. Registration/
Document Number

A13889

5000002368735--8
-12/10/97--01108--021
****541.25 ****541.25

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 filing 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 that my signature shall 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 report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

J. WALTER MCCRORY

DATE

12-1-97

Daytime Telephone Number

954-462-6129

CR2E003 (6/97)