

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13890**

1. Entity Name

WEST SUNRISE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT -2 AM 11:02

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 E. Las Olas Blvd,
Suite, Apt. #, etc.
900

3. Mailing Address

515 E. Las Olas Blvd,
Suite, Apt. #, etc.
900

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

59-2257574

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRORY, J. WALTER TRUSTEE
1512 E. BROWARD BLVD., STE. 200
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Wayne M. Pathman

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

2 South Biscayne Blvd

Suite 2400

City

Miami

FL

Zip Code

33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/21/00

9. Capital Contributions as Shown on record.

\$450,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000106190
NAME FIRST FLOIRDA SUNRISE ASSOCIATES, INC.
STREET ADDRESS 515 EAST LAS OLAS BLVD., SUITE #900
CITY-ST-ZIP FT. LAUDERDALE FL 33301

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)