

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002725 AV

DOCUMENT # **A13890**1. Entity Name  
**WEST SUNRISE, LTD.**

FILED

03 JAN 30 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
**515 E. LAS OLAS BLVD., #900  
FT. LAUDERDALE FL 33301**Mailing Address  
**515 E. LAS OLAS BLVD., #900  
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-1130453**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, TERRY****515 E. LAS OLAS BLVD., #900  
FT. LAUDERDALE FL 33301**

Name

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

City

**800011397428**  
**01/30/03-01048-010 \*\*526-25**  
**FL** Zip Code

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

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

DATE

9. Capital Contributions  
as Shown on record.**\$450,000.00**10. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. 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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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:

**SIGNATURE OF GENERAL PARTNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANUARY 28, 2003 954-527-4420

Date

Daytime Phone #

CR2E003 (10/02)