

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A78438**

1. Entity Name  
**SUNNY ESTATE ENTERPRISES, LTD. II**

Principal Place of Business      Mailing Address  
**2170D HAVERHILL ROAD S.      2170D HAVERHILL RD. S.**  
**W. PALM BEACH, FL 33415      W. PALM BEACH, FL 33415**

FILED  
00 JUL 24 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business **3495/3496**      3. Mailing Address  
**Lynnwood Drive      2170D Haverhill Rd. S.**  
**City & State      WPB,**  
**Lake Worth      FL**  
**Zip      Country      Zip      Country**  
**33461      USA      33415      USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**13-3298133**      Not Applicable  
5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARBARA L. BOWE**  
**2130A HAVERHILL ROAD S.**  
**W. PALM BEACH FL 33415**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **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.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

9. Capital Contributions as Shown on record. **\$301,500**      10. Amount of Capital Contributions in FLORIDA to date. **\$497,500**      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 #	BUONANNO, VINCENT	STREET ADDRESS	
NAME	2170D HAVERHILL RD. S.	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33415		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>600003351516--8</b>
NAME		CITY-ST-ZIP	<b>08/03/00--01105--015</b>
STREET ADDRESS			<b>***526.25      ***526.25</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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: **V. Buonanno**      **G.P.**      4/30/00      (561)969-7541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)