

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT 10 PM 2:15

1. Name of Limited Partnership  
**SUNNY REALTY ASSOCIATES, LTD.**

1a. DOCUMENT #  
**A20951**



200001875000-2  
10/10/1995  
\*\*\*576.25 \*\*\*576.25

Mailing Address  
8731 N. 30TH ST.  
APT. A  
TAMPA FL 33612

Principal Office Address  
8731 N. 30TH ST.  
APT. A  
TAMPA FL 33612

3. Date Formed or Registered  
**10/10/1985**

3a. Date of Last Report  
**12/04/1995**

4. State or Country of Formation  
**FL**

5a. Capital Contributions as  
Shown on record  
**\$361,000.00**

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Principal Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. FEL Number  
**59-2614409**  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  
**GHALY, SAMIRA  
1348 SUMMERLIN DRIVE  
CLEARWATER FL**

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc.  
City **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 Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
GHALY, SAMIRA	8701 NORTH LARKHALL P	TAMPA FL 33603	
GHALY, BOULIS	48-24 59TH STREET	WOODSIDE NY 11377	
GHALY, MICHEL	48-24 59TH STREET	WOODSIDE NY 11377	
WAHBA, EMILE	141-52 76 ROAD	FLUSHING NY 11367	
BOULOS, ATEF	42 DOMINIC DRIVE	ROCKAWAY NJ 07866	
GUIRGUIS, FAWZI MD	43 KENSINGTON AVENUE	JERSEY CITY NJ 07304	

**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: *Samira Ghaly* DATE: **10.7.96**  
Typed or Printed Name of General Partner Signing Form: **Samira Ghaly** Daytime Telephone Number: **(813) 989-3725**

CR2E003 (6/96)