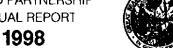
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT **TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT**

SUNNY REALTY ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # Ä20951

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 14 AM 10: 24



Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
8731 N. 30TH ST.	8731 N. 30TH ST.		10/10/1985	Shown on record
APT. A	8731 N. 301H St. APT. A		3a. Date of Last Report	 \$361,000.00
TAMPA FL 33612	TAMPA FL 33612		10/10/1996	5h Apparet of Conital
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address			# 361,000.00
Suite, Apt. #, etc.	Suite, Apt #, etc.		FL 6, FEI Number	H 001,000
	·		59-2614409	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable
Zip Country		Zip Country		\$8.75 Additional Foo Required
			8. Make check payable to: Dopt. of State (See reverse side for fee information	
9. Name and Address of C	urrent Registered Agent	· · · · · · · · · · · · · · · · · · ·	10. If changed, now Registero	ed Agent/Office
		Namo		
GHALY, SAMIRA 1348 SUMMERLIN DRIVE		Street Address (P.O. Box Number Is Not Acceptable)		
CLEARWATER FL		Suite, Apt. #, etc).	
CLEARWATER FL 10a. Pursuant to the provisions of sections 620.10	51 and 620.192, Florida Statutes, the above-nice or registered agent, or both, in the State of	City amed limited partnershi	ρ organized or registered under the laws of t	
CLEARWATER FL 10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ice or registered agent, or both, in the State of gations of section 620,192, Florida Statutes. at J. A. CORPORATION	City amed limited partnershi Florida Such change v	p organized or registered under the laws of t was authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE	FL the State of Florida, submits this statement reby accept the appointment of registeres
CLEARWATER FL 10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ice or registered agent, or both, in the State of gations of section 620, 192, Florida Statutes int) AT IS A CORPORATION UST BE REGISTERED A	City amed limited partnershi Florida Such change v , LIMITED PA	p organized or registered under the laws of t was authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE	FL the State of Florida, submits this statement etchy accept the appointment of registeres: ER BUSINESS ENTITY
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CLEARWATER FL 10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblid SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THEM) 11. Name(s) of General Partner(s)	ice or registered agent, or both, in the State of gations of section 620.192, Florida Statutes. AT IS A CORPORATION UST BE REGISTERED A Address of Each Ger (Do NOT Use Post Office)	City amed limited partnershi Florida Such change v , LIMITED PA ND ACTIVE noral Partner a Box Numbers)	p organized or registered under the laws of twas authorized by its general partner(s). I here DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, State & Zip Code TAMPA FL 33603 WOODSIDE NY 11377-11/18	FL the State of Florida, submits this statement reby accept the appointment of registeres. ER BUSINESS ENTITY 11c. Registration/ Document Number 351016-1 /37-01087-015
CLEARWATER FL 10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE MITTER OF MIT	ice or registered agent, or both, in the State of gations of section 620.192, Florida Statutes. AT IS A CORPORATION UST BE REGISTERED A 11a. Address of Each Go: (Do NOT Use Post Office 8701 NORTH LARKHAI	City amed limited partnershi Florida Such change v , LIMITED PA ND ACTIVE noral Partner a Box Numbers)	p organized or registered under the laws of t was authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, State & Zip Code	FL The State of Florida, submits this statement reby accept the appointment of registeres ER BUSINESS ENTITY 11c. Registration/ Document Number 35101E1 /3701087015
CLEARWATER FL 10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblination of the purpose of changing its registered of agent. I am familiar with, and accept the oblination of the purpose of changing appointment of the purpose of the purpose of changing appointment of the purpose of the purpose of changing appointment of the purpose of changing appointment of the purpose of changing appointment of the purpose of changing its registered of changing its registered of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered of changing its re	ice or registered agent, or both, in the State of gations of section 620.192, Florida Statutes. AT IS A CORPORATION UST BE REGISTERED A 11a. Address of Each Gos (Do NOT Use Post Office 8701 NORTH LARKHAI 48-24 59TH STREET	City amed limited partnershi Florida Such change v , LIMITED PA ND ACTIVE noral Partner a Box Numbers)	p organized or registered under the laws of t vas authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, State & Zip Code TAMPA FL 33603	FL The State of Florida, submits this statement reby accept the appointment of registeres ER BUSINESS ENTITY 11c. Registration/ Document Number 35101E1 /3701087015
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12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE .

empowered to execute this report as required by chapter 620, Florida Statutes.

DATE NOV. 11, 1997

5 haly Daytime Tolephone Number (813) 489-3725