DOCUMENT # A24541 1. Entity Name SUN COVE ASSOCIATES, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OO APR 13 AM 11: 43				
Principal Place 2000 TOWERS #1912 MIAMI FL 3313	ide terr.	Mailing Address 2000 TOWERSIDE TERR. #1912 MIAMI FL 33138-2228								
2. Principal Pl 2000	ace of Business TOWERSIDE TERR	3. Mailing Address 2000 TOWERSIDE TERR			RR	i Hamimii t	948 21 9 11 91891 91141 911	181 1481 3 1811 3 1811 1	1/8() 0)0 3 8)8)) 8:8() (0	.81
Suite, Apt.	#, etc. ΓΕ 1002	Suite, Apt. #, etc. SUITE 1002				DO NOT WRITE IN THIS SPACE				
City & State	e MI, FL	City & State MIAMI, FL				4. FEI Number	59-2046596		Applied For Not Applica	
Zip 331		^Z 33138	try 5. Certifica			Status Desired		.75 Additional Required		
-	6. Name and Address of Current I	Registered Agent		ميم		7:-Name and A	ddress of New R	egistered Age	nt 🗻	=
KNOBEL, RICKIE 2000 TOWERSIDE TERR. #1912 MIAMI FL 33138				Street Ac	KICK ddress (P.O	O. Box Number	NOBE Z is Not Acceptable EX S/DE	784 .	S/F /00,	<u></u>
SIGNATURE _	named entity submits this statement for	BICKIE		,	BEL	62016	in the State of Flo		33/38 4/19/01)
9. Capital Cor as Shown o	A GENERAL PARTNER T	10. Amount of Capita in FLORIDA to da HAT IS A BUSINESS EN	ite. FITY M	UST BE F	REGISTE	P.OO	SEE REVERS	SE SIDE FOR F	DEPT. OF STATE EE INFORMATION	
	NOTE: General Partners MA	Y NOT be changed on th	e form	; an ame	ndment	must be filed	to change a ge	neral partne	er.	
12. DOCUMENT#	GENERAL PARTNER	13.		2000	ADDRESS CHANGES ONLY OO TOWERSIDE TERR #1002				- 66	
NAME STREET ADORESS CITY-ST-ZIP	KNOBEL, RICKIE 2000 TOWERSIDE TERR. MIAMI FL 33138			ET ADDRESS - ST - ZRP	MIAMI, FL 33138-2225					R2E003 (9/99)
DOCUMENT#			STRE	ET ADDRESS						78
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	500003230305 -05/01/000101200					
DOCUMENT#		-	STRI	ET ADDRESS		<u>.</u>		TIPLO T	777171120	
STREET ADORESS CITY-ST-ZIP				-ST-ZBP						
DOCUMENT # NAME										
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
DOCUMENT# NAME				ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	·	CITY	-ST-ZIP		<u>.</u>					
DOCUMENT # NAME	# M. H.		-STRE	ET ADDRESS				,		
STREET ADORESS CITY+ST+ZIP			-ST-ZIP							
indicated	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	that my signature shall have t	he same	e legal effec	ct as if ma	tion 119.07(3)(i), de under oath; t	Florida Statutes. hat I am a Genera	further certify I Partner of the	that the information limited partnership	b ot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: