

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24680**

1. Entity Name

SUNRISE MILLS (MLP) LIMITED PARTNERSHIP

Principal Place of Business

**1300 WILSON BLVD. #400
ARLINGTON, VA 22209**

Mailing Address

(SAME)

2. Principal Place of Business

(SAME)

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CT-CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

4. FEI Number

54-1888413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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.

950.00

10. Amount of Capital Contributions
in FLORIDA to date.

950.00

**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

DOCUMENT # **M93000000012**
NAME **SUNRISE MILLS L.L.C.**
STREET ADDRESS **1300 WILSON BLVD. #400**
CITY-ST-ZIP **ARLINGTON, VA 22209**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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-06/20/00--01062--022
******141.25 ****141.25**

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:

Thomas E. Frost

4.20.00 (703) 526-5000

THOMAS E. FROST, MGR OF SUNRISE MILLS (MLP) LIMITED PARTNERSHIP
OF SUNRISE MILLS L.L.C., MANAGING GP OF SUNRISE MILLS (MLP) LIMITED PARTNERSHIP

CR2E003 (9/93)



May 22, 2000

1300 Wilson Boulevard
Suite 400
Arlington, Virginia 22209
(703) 526 5000

Secretary of State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Sunrise Mills (MLP) Limited Partnership
#A24680

Dear Sir/Madam:

We initially submitted the FL annual report for the above entity on 4/24/00. At that time, we still had two general partners for this partnership: Sunrise Mills L.L.C. and WSM South Florida Corp. About the same time, we did submit a Certificate of Amendment to remove WSM South Florida Corp. However, since we had no idea of the date this amendment would be filed, we kept both general partners on the annual report. The Certificate of Amendment was filed on 5/1/00 (copy attached) and I received the annual report back from your office on today's date.

I called your office and was told that it would be o.k. to just white-out the general partner which was just removed - WSM South Florida Corp. Therefore, I am resubmitting our annual report. Please let me know if there would be any further problems with filing this report? My telephone number is (703) 526-5115 and my address is above.

Thanks very much for your attention.

Sincerely,

Agnes Yackshaw
Legal Department

Enclosures