

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25232**

1. Entity Name  
**SUNFOREST APARTMENTS, LTD.**



**FILED**

03 MAY -7 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4311 W. WATERS AVE.  
SUITE 402  
TAMPA FL 33614**

Mailing Address  
**4311 W. WATERS AVE.  
SUITE 402  
TAMPA FL 33614**

2. Principal Place of Business  
**4311 W. WATERS AVE.**

3. Mailing Address  
**4311 W. WATERS AVE.**

Suite, Apt. #, etc.  
**SUITE 600**

Suite, Apt. #, etc.  
**SUITE 600**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33614**

Country  
**USA**

Zip  
**33614**

Country  
**USA**

**DUE BY MAY 1, 2003**

4. FEI Number **59-2851266**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JOSEPH M.  
4311 W. WATERS  
STE 402  
TAMPA FL 33614**

Name

Street Address (P.O. Box Number is Not Acceptable)

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **H49510**  
NAME **CUMBERLAND REAL ESTATE HOLDING INC**  
STREET ADDRESS **4311 W. WATERS AVE**  
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS **4311 W. WATERS AVE., SUITE 600**  
CITY-ST-ZIP **TAMPA, FL 33614**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**400018315404**  
**05/07/03-01007-002 \*\*141.25**

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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: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/2003**

Date

**(813)882-0599**

Daytime Phone #

CR2E003 (10/02)

0013535 AT