

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28122**

1. Entity Name  
**D & C-SUNRISE & FLAMINGO, LTD.**



Principal Place of Business  
**1015 SOUTHEAST 16TH ST.  
FT. LAUDERDALE FL 33316**

Mailing Address  
**1015 SOUTHEAST 16TH ST.  
FT. LAUDERDALE FL 33316**

FILED

03 APR -2 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address  
**c/o Johnson, Anselmo**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**790 E. Broward Blvd #400**

**DUE BY MAY 1, 2003**

City & State

City & State  
**Fort Lauderdale, FL**

4. FEI Number **65-0112459**

Applied For  
Not Applicable

Zip

Country

Zip

**33301**

Country

**USA**

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

**MURDOCH, ROBERT E  
790 E. BROWARD BOULEVARD STE. 400  
FORT LAUDERDALE FL 33301**

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. 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.

**\$750,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$750,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHANDLER  
1015 SOUTHEAST 16TH ST.  
FT. LAUDERDALE FL 33316**

STREET ADDRESS

CITY-ST-ZIP

**000015031350  
04/01/03--01054--025 \*\*526.25**

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STREET ADDRESS

CITY-ST-ZIP

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:

**CHANDLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**480.  
3-23-03 575-5501**

002188  
FP

CR2E003 (10/02)

START CHECK HERE