2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28923

FILED
2002 APR 29 PM 6:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000382 AV

1. Entity Name
TSC SUNRISE, LTD.

Principal Place of Business
333 W. CAMINO GARDENS BLVD. SUITE 200
BOCA RATON FL 33432

Mailing Address
333 W. CAMINO GARDENS BLVD. SUITE 200
BOCA RATON FL 33432

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY MAY 1, 2002

4. FEI Number 65-0145544 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
COLEMAN, T S
333 W. CAMINO GARDENS BLVD., #200
BOCA RATON FL 33432

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. DATE

9. Capital Contributions as Shown on record. $2,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L12933	STREET ADDRESS	
NAME	TSC SUNRISE, INC.	CITY-ST-ZIP	
STREET ADDRESS	333 W. CAMINO GARDENS BLVD #200		
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	600005500926--4 -05/09/02--01063--007 ****141.25 ****141.25
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CITY-ST-ZIP			

CR2E003 (9/01)

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 5/1/02 561-361-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #