

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003974 AV

DOCUMENT # A28923



1. Entity Name
TSC SUNRISE, LTD.

FILED

03 APR 25 PM 4:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0145544**

Applied For
Not Applicable

Zip: Country

Zip Country

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

**COLEMAN, T S
333 W. CAMINO GARDENS BLVD., #200
BOCA RATON FL 33432**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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 #	L12933
NAME	TSC SUNRISE, INC.
STREET ADDRESS	333 W. CAMINO GARDENS BLVD #200
CITY-ST-ZIP	BOCA RATON FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
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STREET ADDRESS	100017096241
CITY-ST-ZIP	04/25/03--01046--018 **141.25
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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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE