

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31582**

1. Entity Name

**SUNSET PLAZA I LIMITED PARTNERSHIP**

Principal Place of Business

8221 OLD COURTHOUSE ROAD, SUITE 204  
VIENNA VA 22182

Mailing Address

8221 OLD COURTHOUSE ROAD, SUITE 204  
VIENNA VA 22182-3839  
US

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3022098**

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

**AMNED PROPERTIES, INC.**

**13902 N. DALE MABRY HWY., STE. 165**

**TAMPA FL 33618**

Name

**AmNed Properties, LLC**

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

**15436 N. Florida Ave., Suite 101**

City

**Tampa,**

**FL**

Zip Code  
**33613**

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

*W. R.*

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

(NOTE: Registered Agent signature required when reinstating)

**4/25/00**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,500,000.00**

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 # **P10713**  
NAME **SLOKKER AMERICA, INC**  
STREET ADDRESS **8221 OLD COURTHOUSE ROAD SUITE 204**  
CITY - ST - ZIP **VIENNA VA**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **A30134**  
NAME **WINDSOR PARKE DEV. L.P.**  
STREET ADDRESS **10549 N. FLORIDA AVENUE SUITE K**  
CITY - ST - ZIP **TAMPA FL**

STREET ADDRESS

CITY - ST - ZIP

**400003268614--5**  
**-05/26/00--01078--025**  
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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

BY: **AMNED PROPERTIES, INC. GENERAL PARTNER**  
**OF WINDSOR PARKE DEV., L.P. A GENERAL PARTNER**

SIGNATURE:

*MARC C. HUTCHINSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY: **MARC C. HUTCHINSON**  
**VICE PRESIDENT**

**4/24/00**

Date

**(703) 506-1006**

Daytime Phone #

CR2E003 (9/93)