## : 2000 UNIFORM BUSINESS REPORT (UBR) A32305 DOCUMENT# 1. Entity Name SECRETARY OF STATE VISION OF CORPORATIONS **GROSVENOR SUNRISE LIMITED PARTNERSHIP** 70 JUN 14 PM 1:33 Mailing Address Principal Place of Business 2401 PGA BLVD., STE 280 2401 PGA BLVD., STE 280 PALM BCH. FL 33410 PALM BCH. FL 33410-3516 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0311647 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name храннук хранкур David J. Wiener, Esq. THOMAS, HAMILTON Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard 2401 PGA BLVD. SUITE 280 Suite 280 PALM BCH. GARDENS FE Zia Code 33410 Palm Beach Gardens for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contribution \$1,555,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contribution \$1,555,000,00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P34894 DOCUMENT# STREET ADORESS HALMISH MANAGEMENT CORP. NAME 2401 PGA BLVD. STE. 280 200003300192---**4** -06/21/00--01117--007 STREET ADDRESS CITY-ST-ZIP PALM BCH. GARDENS FL 33410 CITY-ST-ZIF \*\*\*\*526.25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CETY-ST-782 CITY-ST-ZIP DOCUMENT #

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT#



April 25, 2000

(561) 694-9270

Daytime Phone #