

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name *Sunny Hill, Ltd.*

*A93-291*

FILED  
MAY 03 2001  
01 JUN 28 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business  
*100 Executive Way*  
Suite, Apt. #, etc.  
*Suite 110*  
City & State  
*Ponte Vedra Beach, FL*

3. Mailing Address  
*100 Executive Way*  
Suite, Apt. #, etc.  
*Suite 110*  
City & State  
*Ponte Vedra Beach, FL*

4. FEI Number  
*59 2289025*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Bruce W. Grewell*  
*100 Executive Way #110*  
*Ponte Vedra Beach, FL 32082*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. *100*

10. Amount of Capital Contributions in FLORIDA to date. *100*

**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			
DOCUMENT #	<i>Bruce W. Grewell</i>		
NAME	<i>100 Executive way #110</i>		
STREET ADDRESS	<i>Ponte Vedra Beach, FL 32082</i>		
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
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DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<i>400004469544--9</i>
STREET ADDRESS	<i>-07/11/01--01059--021</i>
CITY-ST-ZIP	<i>****150.00 ****150.00</i>
STREET ADDRESS	
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STREET ADDRESS	
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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:

*4/30/01 904-273-399*

CR2E003 (1/00)