

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000310**

1. Entity Name

SUNSHINE PORTFOLIO, LTD. I

Principal Place of Business

**1777 NORTHEAST EXPRESSWAY, SUITE 145
ATLANTA GA 30329**

Mailing Address

**1777 NORTHEAST EXPRESSWAY, SUITE 145
ATLANTA GA 30329-2440**

APPROVED
AND
FILED

00 APR -3 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mp4/17



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3340 Peachtree Rd NE

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, Georgia

Zip

30326

Country

US

3. Mailing Address

3340 Peachtree Rd NE

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, Georgia

Zip

30326

Country

US

4. FEI Number

59-3229437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAITA INTERNATIONAL, INC.
8130 BAYMEADOWS WAY WEST, SUITE 302
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

7400 Baymeadows Way

Suite 107

City

Jacksonville

FL

Zip Code

32256

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,235,112.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$6,798,100

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

DOCUMENT # **F94000000215**
NAME **BAITA INTERNATIONAL, INC.**
STREET ADDRESS **1777 NORTHEAST EXPRESSWAY, SUITE 225**
CITY - ST - ZIP **ATLANTA GA 30329**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **3340 Peachtree Rd NE, Suite 1500**
CITY - ST - ZIP **Atlanta, Georgia 30326**

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **000003214000--6**
CITY - ST - ZIP **-04/19/00--01015--023**
*****2105.00 *****526.25**

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)