

2001 UNIFORM BUSINESS REPORT

A94000000310

DOCUMENT # A94000000310

1. Entity Name

SUNSHINE PORTFOLIO, LTD. I

Principal Place of Business

3340 Peachtree Rd. Ste. 1500
Atlanta, GA 30326

Mailing Address

3340 Peachtree Rd. Ste. 1500
Atlanta, GA 30326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3229437

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Baita International, Inc.
7400 Baymeadows Way West, Suite 302
Jacksonville, Florida 32256

7. Name and Address of New Registered Agent

Name Same

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.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 3340 Peachtree Rd. Suite 1500
CITY-ST-ZIP Atlanta, GA 30326DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200004587512--5

09/13/01-01071-015

*****8.75 *****8.75

STREET ADDRESS

CITY-ST-ZIP

200004587512--5

09/13/01-01071-016

*****926.25 *****926.25

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/29/01

Date

678-686-6778

Daytime Phone #

CR2E003 (11/00)