FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
* ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB -8 PM 1:26

1. Name of Limited Partnership

1a. DOCUMENT # A94000000310

SUNSHINE PORTFOLIO, LTD. I

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Office Address
% BAITA INTERNATIONAL, INC.	% BAITA INTERNATIONAL, INC.
8130 BAYMEADOWS WAY WEST, SUITE 302	8130 BAYMEADOWS WAY WEST, SUITE 302
JACKSONVILLE FL 32256	JACKSONVILLE FL 32256

2/6/96

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. 1777 Northeast Expressway Suite 225

City, State & Zip Atlanta GA 30329

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 1777 Northeast Expressway Suite 225

City, State & Zip Atlanta GA 30329

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
~~03/10/1994~~ 3/11/94	03/10/1995	FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$7,109,924.00	$7,235,112.00	59-3229437	Applied For ☐ Not Applicable ☐ $8.75 Additional Fee required for a Certificate of Status

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50.
2.) Supplemental Fee: $138.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a ~~c~~, rate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
BAITA INTERNATIONAL, INC. 8130 BAYMEADOWS WAY WEST, SUITE 302 JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) 300001713378 -02/13/96--01025--008 Suite, Apt. #, etc. ***1557.57 ***576.25 City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BAITA INTERNATIONAL, INC.	8130 BAYMEADOWS WAY W 1777 Northeast Expressway Suite 225	JACKSONVILLE FL 32256 Atlanta, GA 30329	F94000000215

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE David J. Koleos DATE 12/15/95

Typed or Printed Name of General Partner Signing Form DAVID J. KOLEOS Telephone Number (904) 636-6775

0000661