

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

5381-11/Taylor Made

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

99 JAN -4 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A94000000797
SUNRISE TOWERS, LTD.	

Mailing Address P.O. BOX 49948 SARASOTA FL 34230-6948	Principal Office Address 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA FL 34236	3. Date Formed or Registered 06/10/1994	5a. Capital Contributions as Shown on record. \$421,400.00
		3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$421,400.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 65-0498651
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BAND, DAVID S 240 S. PINEAPPLE AVE. 10TH FLR. SARASOTA FL 34236	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
SUNRISE TOWERS CORP.	240 SOUTH PINEAPPLE A	SARASOTA FL 34236	P94000043696
100002748791--6 -01/20/99--01113--015 ****526.25 ****526.25			

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

DATE

12/29/98

David S. Band, as Director of Sunrise Towers Corp., a Florida
Incorporation, General Partner

Daytime Telephone Number 941/366-6660

CR2E003 (9/98)