

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007189 AF

DOCUMENT # A94000001074

1. Entity Name

CHANNING/SUNSET BAY LIMITED PARTNERSHIP

FILED

Principal Place of Business

3300 PGA BLVD  
SUITE 550  
PALM BEACH GARDENS FL 33410

Mailing Address

3300 PGA BLVD  
SUITE 550  
PALM BEACH GARDENS FL 33410

01 MAY -2 PM 12: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5520 PGA BLVD  
Suite, Apt. #, etc.  
200

3. Mailing Address

5520 PEA BLVD  
Suite, Apt. #, etc.  
200

City & State

P.B. GARDENS FL

City & State

PBG FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-0509283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TERREMARK CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$3,470,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$0.00

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 # P94000035803  
NAME CHANNING CORPORATION XXV  
STREET ADDRESS 3300 PGA BLVD. #550  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5520 PGA BLVD #200

CITY-ST-ZIP

P.B. GARDENS, FL 33410

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1000004302241-6

-05/23/01--01057--004

\*\*\*\*141.25 \*\*\*\*141.25

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

Date

Daytime Phone #

CR2E003 (11/00)