

2002 UNIFORM BUSINESS REPORT (UBR)

001895 AT

DOCUMENT # **A94000001074**

1. Entity Name

CHANNING/SUNSET BAY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 17 PM 2:03

Principal Place of Business

**5520 PGA BLVD., STE. 200
PALM BEACH GARDENS FL 33418**

Mailing Address

**5520 PGA BLVD., STE. 200
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0509283

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERREMARK CORPORATE AGENTS, INC.

**2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133**

Name

Jon H. CHANNING

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

5520 PGA BLVD # 200

City

Palm Beach Gardens

FL

Zip Code

33418

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000035603**
NAME **CHANNING CORPORATION XXV**
STREET ADDRESS **5520 PGA BLVD., STE. 200**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E003 (9/01)