

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A94000001309

1. Entity Name
SUNILAND ASSOCIATES, LTD.



JOHN - 1 AM 9:40
 STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
801 ARTHUR GODFREY ROAD
600
MIAMI BEACH, FL 33140

Mailing Address
801 ARTHUR GODFREY ROAD
600
MIAMI BEACH, FL 33140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0520370

Applied For
 Not Applicable

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

PEARCE, PAM
801 ARTHUR GODFREY ROAD, SUITE 600
MIAMI BEACH, FL 33140

Name
Dana Devendorf
 Street Address (P.O. Box Number is Not Acceptable)
801 Arthur Godfrey Road, Ste. 600
 City
Miami Beach, FL Zip Code
33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4/23/06**

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # **P94000064760**
 NAME **SUNILAND G.P., INC.**
 STREET ADDRESS **1320 S. DIXIE HWY., SUITE 781**
 CITY-ST-ZIP **MIAMI, FL 33146**

STREET ADDRESS
 CITY-ST-ZIP

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100074661381
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 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SCOTT GREGORY
4/25/06 305 667 9225
 Daytime Phone #

STAPLE CHECK HERE