2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A9500000918

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1. Entity Name SUNGATE, LTD.							1511	"EO)			
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Principal Place	ce of Business		Mailing Address 3200 UNIVERSITY BLVD.			*		,				
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WINTER PAIN FL 32792-7433 WINTER PARK FL 32792-744												
2 Principal Place of Business 32,00 University Blvd 3,00 University Blvd 3300 University Blvd 3,00 University Blvd					ity B	lvd	170010311011			 		
Surfe 218 Surfe 218							DUE BY MAY 1, 2003					
WinterPark, FL Winter A							4. FEI Number	El Number 59-3319756 Applied For Not Applicable				
327	92	COUNTS A	32792	Count	ζSA	-	5. Certificate of S	tatus Desire	d X	\$8.75 Fee Req	Additional uired	
	and Address of Current R		dame	-	7. Name and Ad	dress of Ne	A A					
	onal associatio n]	Eau	200	a e.t	rado	loch	<u> </u>				
S260 UNIVERISTY BLVD.					3300s (P. BOX NUMBRIS NOT ACCEPT BOY VA.							
STE. 210 WINTER PARK PL 32792					Suite 218							
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8. The above named entity sulmits 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 Signature/typed or printed name of registered agent and title if applicable.												
9. Capital Co as Shown		\$500.00	10. Amount of Capita in FLORIDA to da		outions	_					EPT. OF STATE	
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						umem	thust be med to		CHANGES OF			
DOCUMENT #	P950000476	STREE	T ADDRESS	22	00 (12,000	· · · · · ·	Rud	Suid	e 719			
NAME STREET ADDRESS	SUNGATE, INC. 9260 UNIVERSITY BLVD., STE. 210 WINTER PARK FL 32792					1.1.	00 Unive	<u> 22014</u>	131/4	<u> </u>		
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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: 1/40/03 407-679-6171												
		SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING GENERAL	. PARTNER				Date		Daytime Phone	n#	