

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000002023 1. Entity Name SUNRISE LAND ASSOCIATES LIMITED					
Principal Place of Business 12000 BISCAYNE BOULEVARD, PENTHOUSE 810 MIAMI, FL 33181		Mailing Address 12000 BISCAYNE BOULEVARD, PENTHOUSE 810 MIAMI, FL 33181			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				04202005 Chg-LP CR2E003 (10/03)	
				4. FEI Number 65-0651963	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRELAND, R. SCOTT 12000 BISCAYNE BLVD. PENTHOUSE 810 MIAMI, FL 33181				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 of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P95000088211		STREET ADDRESS		
NAME	SUNRISE LAND ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	12000 BISCAYNE BLVD., PENTHOUSE 810		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
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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)(b), 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: <i>L. Ireland VP</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Sunrise Land Associates, Inc.</i> <i>12000 BISCAYNE BLVD</i>			420-05 305-891-6806 Date Daytime Phone #		

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