## 2000 UNIFORM BUSINESS REPORT (UBR) A96000001339 DOCUMENT # 1. Entity Name FILED SUNRISE EQUITY PARTNERS, LTD. 00 MAY -2 PM 4: 20 Mailing Address Principal Place of Business SEGRETARY OF STATE 800 LAUREL OAK DR., STE. 600 800 LAUREL OAK DR., STE, 600 NAPLES FL 34108-2705 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0672383 Not Applicable \$8.75 Additional Zip Country Zip , , , set Country 5. Certificate of Status Desired Fee Required a - - 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent LOMBARDO, J. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) C/O WOODWARD, PIRES & LOMBARDO, P.A. 801 LAUREL OAK DRIVE, SUITE 640 NAPLES FL 33963 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) . . . 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10: Amount of Capital Contributions 9. Capital Contributions \$2,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION g as Shown on records 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P96000035956 DOCUMENT# STREET ADDRESS EQUITY INVESTMENTS'& DEVELOPMENT, INC. NAME 10000328597 800 LAUREL OAK DR., STE. 600 STREET ADDRESS -06/12/00--01140--007 CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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14. I hereby certify that the information supplied with this filing does not qualify or 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE





941-514-5005