2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 DOCUMENT #A97000002268 SUNRISE ONE INDUSTRIAL, LTD. Principal Place of Business Mailing Address 5009 N HIATUS RD. 5009 N HIATUS RD. SUNRISE, FL 33351 SUNRISE, FL 33351

FILED Mar 26, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03212007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 65-0789830 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

COOPERMAN, STEVEN J 5009 N HIATUS RD. SUNRISE, FL 33351

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature. typed or printed name of registered agent and title if applicable.		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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	
DOCUMENT #	P97000090140	
NAME	SARA SAWGRASS CORP.	•
STREET ADDRESS	5009 N HIATUS RD.	
CITY - ST - ZIP	SUNRISE, FL 33351	
DOCUMENT #		100000679300
NAME		94/03/07-80033-010 S00.00
STRUET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		1
NAME		
STREET ADDRESS	•	DO NOT WRITE

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

IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING GENERAL PARTNER