2068 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A97000002268

1. Entity Name
SUNRISE ONE INDUSTRIAL, LTD.



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

5009 N HIATUS RD. SUNRISE, FL 33351 Mailing Address

5009 N HIATUS RD. SUNRISE, FL 33351



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP CR2E003 (12/06)

 4. FEI Number
 Applied For

 65-0789830
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPERMAN, STEVEN J 5009 N HIATUS RD. SUNRISE, FL 33351 DO NOT WRITE

SIGNATURE	
 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. If am familiar with, and the obligations of registered agent. 	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

GENERAL PARTNER INFORMATION 12. P97000090140 DOCUMENT # NAME SARA SAWGRASS CORP. STREET ADDRESS 5009 N HIATUS RD. CITY-ST-ZIP SUNRISE, FL 33351 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME

U000000828\$63 02,26,08-80006-018,500.00

DO NOT WRITE 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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT I
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT I
NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT I
NAME
STREET ADDRESS
CITY-ST-ZIP

BIG ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/408

9545727410

Daylime Phone #