

# 2002 UNIFORM BUSINESS REPORT (UBR)

001479 AT

**DOCUMENT # A97000002496**

1. Entity Name

**PEBB ENTERPRISES SUNRISE TOWN CENTER LTD.**

**FILED**

**02 MAY -6 AM 8: 50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**1000 CORPORATE DRIVE, SUITE 210  
FORT LAUDERDALE FL 33334**

Mailing Address  
**1000 CORPORATE DRIVE, SUITE 210  
FORT LAUDERDALE FL 33334**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number  
**65-0792571**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROSENBERG, JEFFREY M  
1000 CORPORATE DRIVE, SUITE 210  
FORT LAUDERDALE FL 33334**

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 or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	P96000039415	STREET ADDRESS	
NAME	PEBB MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	1000 CORPORATE DRIVE, SUITE 210		
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

**300005577443-1**  
**05/21/02-01063-008**  
**\*\*\*\*158.05 \*\*\*\*158.05**

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:** *[Signature]* **4/30/02** **954-711-3305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)