

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012156 AT

DOCUMENT # A98000000235



FILED

03 MAY -1 PM 4:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/1



1. Entity Name
SUNRISE PLAZA ASSOCIATES, LTD.

Principal Place of Business %KONOVER & ASSOCIATES SOUTH, LLC 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433	Mailing Address %KONOVER & ASSOCIATES SOUTH, LLC 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number 65-0894229	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**ASHENFELTER, MARIA S
C/O KONOVER & ASSOCIATES SOUTH, INC.
7000 WEST PALMETTO PARK ROAD, SUITE 408
BOCA RATON FL 33433**

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 or 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. **\$1,000.00**

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	P01000020726
NAME	K. Sunrise, Inc.
STREET ADDRESS	K. SUNRISE PLAZA ASSOCIATES, LTD.
CITY-ST-ZIP	7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200018296452
CITY-ST-ZIP	05/06/03--01069--006 ***157.00
STREET ADDRESS	141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Gregory V. Combs* **DATE:** **4/4/03** **JIREL**
K. Sunrise, Inc., by Gregory V. Combs, Executive Vice President, COO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE