

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012156  
AT

DOCUMENT # **A98000000235**

1. Entity Name  
**SUNRISE PLAZA ASSOCIATES, LTD.**



**FILED**

**03 MAY -1 PM 4: 52**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MM**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**5/1**

**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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

13. ADDRESS CHANGES ONLY

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**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Per 4/10/03 Cert. of Amendment to Cert. of LP of Sunrise Plaza Assoc.**

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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* **4/10/03**  
**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