

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000661

1. Entity Name

SONNY FUND, LIMITED PARTNERSHIP

FILED

Mar 03 2000 8:00 am  
Secretary of State

Principal Place of Business

4166 LIVE OAK BLVD.  
DELRAY BEACH FL 33445

Mailing Address

4166 LIVE OAK BLVD.  
DELRAY BEACH FL 33445-7005



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0836772

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

RONES, MILTON  
4166 LIVE OAK BLVD.  
DELRAY BEACH FL 33445

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 *Milton Rones*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$1,000,000.00

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 #  
NAME RONES, MILTON  
STREET ADDRESS 4166 LIVE OAK BLVD.  
CITY - ST - ZIP DELRAY BEACH FL 33445

STREET ADDRESS

CITY - ST - ZIP

*mf 3/15/00*

DOCUMENT #  
NAME RONES, ELEANOR  
STREET ADDRESS 4166 LIVE OAK BLVD.  
CITY - ST - ZIP DELRAY BEACH FL 33445

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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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: *Milton Rones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/28/00 661-498-8385

CR2E003 (9/99)