

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A98000000661

1. Entity Name
SONNY FUND, LIMITED PARTNERSHIP



Principal Place of Business
**4166 LIVE OAK BLVD.
DELRAY BEACH FL 33445**

Mailing Address
**4166 LIVE OAK BLVD.
DELRAY BEACH FL 33445**

FILED

03 SEP 23 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

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 **Linda Wiltsek**

Street Address (P.O. Box Number is Not Acceptable)
c/o 4166 Live Oak Boulevard

City **Delray Beach,**

FL

Zip Code
33445

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 Linda Wiltsek **LINDA WILTSEK, Director**

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 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 #
NAME **Eleanor Rones** *Amendment*
STREET ADDRESS **4166 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445** *filed 9-23-03*

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **Linda Wiltsek**
STREET ADDRESS **4166 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS
CITY-ST-ZIP

**100022632741
09/10/03--01038--001 **578.75**

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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: Eleanor Rones **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)

0001286
AT