

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000992  
Entity Name  
SUNSHINE LAKES APARTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24

Principal Place of Business  
585 SUNSET DRIVE  
WEST ATRIUM  
MIAMI FL 33143

Mailing Address  
8585 SUNSET DRIVE  
WEST ATRIUM  
MIAMI FL 33143-3746



Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
6800 SW 40th Street  
Suite, Apt. #, etc.  
Box 405

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33155

Country  
USA

4. FEI Number 65-0835240

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MURAI, WALD, BIONDO & MORENO, P.A.  
25 S.E. 2ND AVENUE, SUITE 900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Capital Contributions as Shown on record. \$600,000.00

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.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P96000046401	STREET ADDRESS GARDEN LAKE PROPERTIES, INC. 8585 SUNSET DRIVE, WEST ATRIUM MIAMI FL 33143	STREET ADDRESS	
ME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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Y - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
ME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
Y - ST - ZIP		CITY - ST - ZIP	

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: *Tea N. P. Alexopoulos* 1-5-00 (305) 595-8232

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

CR2E003 (9/99)