

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001796**

1. Entity Name
INDIAN SUNBURST ASSOCIATES LIMITED PARTNERSHIP



FILED
03 MAY -5 PM 7:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA
BJH

Principal Place of Business
**C/O ROSEN DEVELOPMENT GROUP, INC.
550 MAMARONECK AVE.
HARRISON NY 10528**

Mailing Address
**% ROSEN DEVELOPMENT GROUP, INC.
2250 AVENIDA DEL VERA
N. FT. MYERS FL 33917**



2. Principal Place of Business
2250 Avenida Del Vera
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
N. Ft. Myers FL
Zip
33917

City & State
Zip

Country

4. FEI Number **58-2426014**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CALLAHAN, W. SCOTT ESQ.
C/P STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVE., SUITE 200
ORLANDO FL 32801**

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

DATE

9. Capital Contributions
as Shown on record. **\$920,292.00**

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

DOCUMENT # **P98000065258**
NAME **INDIAN SUNBURST REALTY CORP.**
STREET ADDRESS **550 MAMARONECK AVE.**
CITY-ST-ZIP **HARRISON NY 10528**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2250 Avenida Del Vera**
CITY-ST-ZIP **N. Ft. Myers FL 33917**
STREET ADDRESS **500018007755**
CITY-ST-ZIP **05/05/03--01061--010 **526.25**

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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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

239-731-4538
Date Daytime Phone #

CR2E003 (10/02)

0014986 AT