

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002210

1. Entity Name

SRA/SUNRISE DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10: 02

Principal Place of Business

5345 PINE TREE DRIVE
MIAMI BEACH FL 33140

Mailing Address

5345 PINE TREE DRIVE
MIAMI BEACH FL 33140-2143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1923376

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVENUE, SUITE 900
MIAMI FL 33131

Name

Clifford Stein

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

5345 Pine Tree Drive

City

Miami Beach

FL

Zip Code

33140

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

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

(NOTE: Registered Agent signature required when reinstating)

7/22/00

DATE

9. Capital Contributions
as Shown on record.

\$278.00

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 # P98000061351
NAME SRA/SD, INC.
STREET ADDRESS 5345 PINE TREE DRIVE
CITY - ST - ZIP MIAMI BEACH FL 33140

STREET ADDRESS

400003370204--0
-08/23/00--01101--029

CITY - ST - ZIP

*****8.75 *****8.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

400003370204--0
-08/23/00--01101--028

CITY - ST - ZIP

*****541.25 *****541.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)