

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 16 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98 00 000 2210**

1. Entity Name

SRA/SUNRISE DEVELOPMENT, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI BEACH

3. Mailing Address

5345 PINE TREE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-1023376

Applied For

Not Applicable

Zip

33140

Country

US

Zip

33140

Country

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CLIFFORD STEIN

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

5345 PINE TREE DR

City

MIAMI BEACH

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions
as Shown on record.

\$ 278.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 278. -

**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

DOCUMENT #

P96000061351

NAME

SRA/SD, INC.

STREET ADDRESS

5345 PINE TREE DR

CITY - ST - ZIP

MIAMI BEACH, FL 33140

STREET ADDRESS

CITY - ST - ZIP

600005312286--1

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******150.00 ****150.00**

DOCUMENT #

NAME

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**DO NOT WRITE
IN THIS SPACE**

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:

MIGUEL ECHARTE, Managing Partner

4-11-02

(305) 361-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

CR2E003B (12/01)

STATE CHECK HERE