

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000002210

1. Entity Name  
SRA/SUNRISE DEVELOPMENT, LTD.



Principal Place of Business  
104 CRANDON BLVD.  
SUITE 306-A  
KEY BISCAVNE, FL 33149 US

Mailing Address  
104 CRANDON BLVD.  
SUITE 306-A  
KEY BISCAVNE, FL 33149 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-1023376

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

MIGUEL, ECHARTE  
104 CRANDON BLVD.  
SUITE 306-A  
KEY BISCAVNE, FL 33149

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. \$278.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 104 CRANDON BLVD., SUITE 306-A  
CITY-ST-ZIP KEY BISCAVNE, FL 33149

STREET ADDRESS

CITY-ST-ZIP

U00000365977

05/11/05-80017-022 141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

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)(b), 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 #

STAPLE CHECK HERE