


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002565</b> 1. Entity Name HOME DYNAMICS SUNRISE, LTD.					
Principal Place of Business 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319			Mailing Address 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102005    Chg-LP    CR2E003 (10/03)	
4. FEI Number 65-0856960				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STREIT, THOMAS E 222 LAKEVIEW AVE., SUITE 400 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE: 1/19/05	
SIGNATURE: <i>Thomas E. Streit</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE:	
9. Capital Contributions as Shown on record. \$500.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000095690			STREET ADDRESS	
NAME	HOME DYNAMICS SUNRISE CORPORATION			CITY-ST-ZIP	
STREET ADDRESS	4788 W. COMMERCIAL BLVD.				
CITY-ST-ZIP	TAMARAC, FL 33319				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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)(j), 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

Deputy Phone #

SAMPLE CHECK HERE