

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011324 AT

DOCUMENT # **A98000002565**



1. Entity Name  
**HOME DYNAMICS SUNRISE, LTD.**

Principal Place of Business  
**4810 WEST COMMERCIAL BLVD.  
TAMARAC FL 33319**

Mailing Address  
**4810 WEST COMMERCIAL BLVD.  
TAMARAC FL 33319**

FILED

03 FEB -6 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0856960</b>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCHACK, EDWARD J  
1954 PINES BLVD.  
PEMBROKE PINES FL 33024**

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

9. Capital Contributions as Shown on record. **\$500.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P98000095690</b>	STREET ADDRESS	
NAME	<b>HOME DYNAMICS SUNRISE CORPORATION</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>7103 CRESCENT CREEK LANE</b>		
CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>200011881662</b>
STREET ADDRESS			<b>02/05/03--01053--005 **500.00</b>
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)(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: **DAVID SCHACK** REPRESENTATIVE **1/17/03** **954-484-4800**  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE