

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012963 AT

DOCUMENT # B97000000513



FILED

03 JAN 29 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
6557 NW 32ND TERRACE
BOCA RATON FL 33496Mailing Address
6557 NW 32ND TERRACE
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #; etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0778089

Applied For

Not Applicable

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

ZHEUTLIN, MICHAEL
6557 NW 32ND TERRACE
BOCA RATON FL 33496

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

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date11. 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 # F97000005086
NAME ZH SUNRISE, INC
STREET ADDRESS 6557 NW 32ND TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

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)(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
Michael Zheutlin

1/4/03

561 997 9067

Date

Daytime Phone #

CR2E003 (10/02)