Applied For

Not Applicable

4. FEI Number

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B97000000513 DOCUMENT #

1. Entity Name

Principal Place of Business 6557 NW 32ND TERRACE

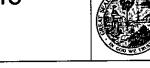
2. Principal Place of Business

BOCA RATON FL 33496

Suite, Apt. #, etc.

City & State

HZ SUNRISE LIMITED PARTNERSHIP



Mailing Address 6557 NW 32ND TERRACE **BOCA RATON FL 33496**

3. Mailing Address

City & State

Suite, Apt. #, etc.

FILED

03 JAN 29 AM 11:59

SECRETARY OF STATE TALLAMASSEE, FLORIDA

65-0778089



DUE BY MAY 1, 2003

Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
ZHEUTLIN, MICHAEL 6557 NW 32ND TERRACE BOCA RATON FL 33496				Street Address (P.O. Box Number is Not Acceptable)	
BOUA NA	10N FL 33490				
			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.					
9. Capital Co	on record	in.FLORIDA.t	pital Contributions o 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 # NAME	F97000005086 ZH SUNRISE , INC		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	6557 NW 32ND TERRACE BOCA RATON FL 33496		CITY-ST-ZIP	790011194487 01/29/0301100004 **141.25	
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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: