

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # B99000000306**  
 1. Entity Name  
**SUN AUTOMOTIVE PARTNERS, L.P.**

Principal Place of Business: **5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486**  
 Mailing Address: **5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486-1069**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State

4. FEI Number  Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**UCC FILING & SEARCH SERVICES, INC.**  
**526 EAST PARK AVE.**  
**STE. 200**  
**TALLAHASSEE FL 32302**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,185,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	<b>F99000004305</b>
NAME	<b>SUN AUTOMOTIVE ADVISORS, INC.</b>
STREET ADDRESS	<b>5355 TOWN CENTER ROAD, SUITE 802</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33486</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4-21-00** Daytime Phone #

CF : CC : (9/9/99)