

2001 UNIFORM BUSINESS REPORT (UBR)

0012 38 AF

DOCUMENT # L99000001697

1. Entity Name
SUNRISE PROPERTIES & INVESTMENTS #13, L.L.C.

Principal Place of Business
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE FL 33316

Mailing Address
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0917991

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORMAN, M. AUSTIN TRUSTEE
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE FL 33316

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FORMAN, M. AUSTIN TRUSTEE
888 SE THIRD AVENUE, STE 501
FT LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

MGRM
BLACKTHORN PARTNERS, LTD.
4300 N UNIVERSITY DRIVE, SUITE D-103
LAUDERHILL FL 33351

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11. 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 managing member or manager of the limited liability company or the receiver or trustee of the company as required by Chapter 608, Florida Statutes.

Barger Realty Corp. as agent

SIGNATURE:

(for: *[Signature]*)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01 954-742-3000

Date Daytime Phone #

FILED
01 MAY -1 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)