2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008275

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNRISE PROPERTIES & INVESTMENTS #17, L.L.C.



May 02, 2003 8:00 am § Secretary of State 05-02-2003 90755 044 ****50.00

Principal Place of Business Mailing Address 888 SOUTHEAST THIRD AVENUE, SUITE 501 888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional_ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORMAN, M. AUSTIN TRUSTEE Street Address (P.O. Box Number is Not Acceptable) 888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM CR2E083 (10/02) ☐ Delete TITLE Change ☐ Addition NAME FORMAN, M. A TRUSTEE STREET ADDRESS STREET ADDRESS 888 SOUTHEAST THIRD AVENUE, SUITE 501 CITY-ST-7/P CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE ☐ Delete TITLE ☐ Change Addition Blacklyon Partners Ltči NAME NAME 4300 Nuniversity or DIO3 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-\$T-ZIP laudernin EU-33351 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the limited liability company that I am a managing member or manager of the liability company that I am a managing member or manager of the liability company that I am a managing member or manager of the liability company that I am a manager of the liability company that I am a manager of the li

TITLE

NAME

STREET ADDRESS

MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Detete

Daytime Phone #

Change |

☐ Addition