


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000113876</b>			
1. Entity Name SUNRISE HARBOUR MULTIFAMILY, INC.			
Principal Place of Business 1801 HERMITAGE BOULEVARD SUITE 100 TALLAHASSEE, FL 32308		Mailing Address 1801 HERMITAGE BOULEVARD SUITE 100 TALLAHASSEE, FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W	NAME	
STREET ADDRESS	1801 HERMITAGE BOULEVARD SUITE 600	STREET ADDRESS	U00000492372
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	04/19/06-80062-005 150.00
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRIOR, DEXTER B	NAME	
STREET ADDRESS	3424 PEACHTREE RD. NE, STE. 600	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30326	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, LYNNE M	NAME	
STREET ADDRESS	1801 HERMITAGE BOULEVARD SUITE 600	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHEM, LORI	NAME	
STREET ADDRESS	3424 PEACHTREE RD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30326	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMARK, DEBBIE J	NAME	
STREET ADDRESS	3424 PEACHTREE RD NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30326	CITY-ST-ZIP	
TITLE	DVAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEFFERY L	NAME	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Debbie J. Newmark</u>		Date: <u>3/7/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>404-846-1300</u>	