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**2003 FOR PROFIT CORPORATION** 

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DOCUMENT # P9400037577  1. Entity Name SUNMARK REALTY ADVISORS, INC.								Secretary of State 04-14-2003 90723 036 ***150.00						
Principal Plac 33 SE 7TH S' SUITE D BOCA RATON			33 S Suit	ng Address SE 7TH STREET SE D A RATON FL 33432									tiiki i <b>ukki ki</b> iki	4860 JEDO JEDO
2. Principal P	Place of Busin	ess	3. Ma	iling Address	<u></u>									
Suite, Apt. SUNMARK 800 West Cypress Creek Road				Suite, Apt. SUNMARK 800 West Cypress Creek Road						CHECK	HERE IF	MAKING	CHANGES	<b>:</b>
City & Stat	<sup>le</sup> Sulte	280			280 e		ao	4. FEI I	Number	65-049	95758		<del></del>	pplied For ot Applicable
Zip 		e FL 33309	Zip		Coun	try	<u> </u>	~~, ·~		Status De		<u> </u>	\$8.75 Ad Fee Require	
	6. Name	and Address of Current I	Register	ed Agent		Nama		7. Nam	e and Ac	dress of	New Reg	istered /	Agent	
33 SE 7TH STREET 800 West C			NM	NMARK ypress Creek Road Suite 280			Name Street Address (P.O. Box Number is Not Acceptable)							
							`				· ·		<del></del>	
			erdale	erdale, FL 33309								FL	Zip Coo	de
	named entity	submits this statement for ered agent.	the purp	oose of changing its	register	ed office or	registere	ed agent,	or both, i	n the Sta	te of Florid	a. I am t	familiar with	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if ap	plicable. (NOT	E: Registere	d Agent signat	ure required	when reinstat	ing)			DATE		
Afte	r May 1, 200	FEE IS:\$150.00 3 Fee will be \$550.00 Florida Department of	State							on Camp Fund Cor	aign Finan tribution.	cing [		00 May Be d to Fees
10.		OFFICERS AND I	DIRECTO	DRS	11,			ADDIT	IONS/CH	ANGES	O OFFICE	ERS AND	DIRECTOR	IS IN 11
TITLE .	DPT KRINSKY,	JAV S		☐ Delete	TITLI			-					Change	Addition
STREEN ADDRESS CITY-ST-ZIP		LMETTO PARK ROAD			STRE	ET ADDRESS - ST-ZIP	800 ET. I	WES	t Cyf	ress	CRee L 33:	ic Ri	o Sout	c 280
TITLE 5 12			<del></del>	☐ Delete	TITLE					•	_	-	Change	Addition
STREET ADDRESS CITY-ST-ZIP	399 W. PA BOCA RAT	LMETTO PARK ROAD				ET ADDRESS -ST-ZIP	800 FT. L	wesi avoe	r Cypi 2041	e, f	( 33:	309	Suite	(20
TITLE NAME		M. a		☐ Delete	TITLI	•		· · · · · ·		•			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP								
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TITLE NAME				☐ Delete	TETLE NAM:	Ε							☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP								;
TITLE NAME	`		••	Delete	TITLE				•				☐ Change	☐ Addition
STREET ADDRESS					STRE	ET ADDRESS								• .

12. 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 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP.

CR2E034 (10/02)