

AMENDED 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103181				<i>Amended</i>	
1. Entity Name New Sunrise Palms, Inc.					
Principal Place of Business 225 Water Street, 3rd Floor Jacksonville, FL 32202		Mailing Address 225 Water Street, 3rd Floor Jacksonville, FL 32202		01 NOV 21 PM 12:17	
2. Principal Place of Business 3225 Aviation Avenue		3. Mailing Address 3225 Aviation Avenue		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc. Suite 700		DO NOT WRITE IN THIS SPACE	
City & State Coconut Grove, FL		City & State Coconut Grove, FL		4. FEI Number 56-2007030	
Zip 33133		Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent The Prentice Hall Corporation System, Inc. 4201 Hays Street Tallahassee, Florida 32304			7. Name and address of New Registered Agent Housing Trust Group of Florida, L.L.C. 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133		
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 <i>Stewart Marcus</i> Stewart Marcus, Manager 11-5-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elect <input type="checkbox"/> do so. <input type="checkbox"/> (See criteria on back)		FEE IS \$61.25 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Knauer, Mary B 225 Water Street, 3rd Floor Jacksonville, FL 32202-5185	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Stewart Marcus 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Clark, Brian 225 Water Street, 3rd Floor Jacksonville, FL 32202-5185	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Harvey Rafofsky 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert E. Band 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Stewart Marcus</i>		Stewart Marcus, President		11-5-01 (305) 860-8188	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	