

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000106186**

1. Entity Name

**FIRST FLORIDA SUNRISE ASSOCIATES LIMITED PARTNER
INC.**

Principal Place of Business

**515 EAST LAS OLAS BLVD., STE. 900
FT. LAUDERDALE FL 33301**

Mailing Address

**515 EAST LAS OLAS BLVD., STE. 900
FT. LAUDERDALE FL 33301**

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 **65-0970710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, HAROLD L ESQ.**STE. 2400, 1 BISCAYNE BLVD., 2 SO. BISCAYNE B
LVD.
MIAMI FL 33131**

Name

TERRY TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

515 EAST LAS OLAS BOULEVARD**SUITE 900**

City

FORT LAUDERDALE**FL**Zip Code
33301

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)

6/17/029. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD TAYLOR, TERRY 515 EAST LAS OLAS BLVD SUITE 900 FORT LAUDERDALE FL 33301	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

SIGNATURE OF TERRY TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-30-02**

Date

954-527-4420

Daytime Phone #

CR2E034 (9/01)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-27-2002 90271 016 ***150.00



DO NOT WRITE IN THIS SPACE