APPLICATION FOR REINSTATEMENT **FOR**

LIMITED PARTNERSHIP



SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JUN -5 PM 12: 28

DOCUMENT #

1. Name of Limited Partnership

Sunset Associates, Ltd. (L.P.

A 25622

411198					DO NOT WRITE IN THIS SPACE.			
	/o Alfred G. Ad	m 8. Principal Office Address 999 Peachtree Street, NE		4. p	ate Formed or Registered o Do Business in Florida	12/16/87		
999 Peachtree Street, NE		Suite, Apt. #, etc.			El Number		Applied For	
Suite 2300		Suite 2300		5	58-1761809		Not Applicable	
City & State Atlanta, GA		City & State Atlanta, GA		6.		59.70.0440	hopal Fer required	
7ip Country 30309 USA		30309	Country	CER	TIFICATE OF STATUS DESIR		lificate of Status	
		30309	USA	7. Si	7. State or Country of Formation CA			
8a. Capital Contributions as Shown on Record 4,500,000.00 8b. Amount of Capital Contributions in FLORIDA to date		FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for gach year due this office. 2.) Supplemental Fee(s): \$88.75 for gach year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for gach year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.						
	Name and Address of Current	<u> </u>		10	If changed new registered a	agent/office		
	n Information S				on Service Company			
	n inioimation s Park Avenue				DN Service Company Box Number is Not Acceptable)			
(ee, FLA 32301		1207 Hays Suite, Apt #, etc.		· · · · · · · · · · · · · · · · · · ·			
			City		Zip Code			
40				hassee		FL 323		
for the purpose of	ovisions of sections 620 1051 and changing its registered office or r r with, and accept the obligations	egistered agent, or both, in the S	tate of Florida. Such cha					
		Corporation Ser		iny o	Ω_{α}	1 50	·	
SIGNATURE (Registered Agent Accepting Approintment) By:								
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
11, Namos of Gene	มล f'artner(s)	Address of Each (Do NOT Use Post O		City, S	City, State and Zip Code		egistration nent Number	
Ronus, Inc. ADM PR	500.W 437.50 88.75	Suite 2300	-06/16/9801055- ****501.00 *** 5000256073! -06/16/9801055-			-018 500.00 -019 437.50		
ARSUPP 88.75		nc.	IAIGN	CIVICIN I	1 1,18,400	* 1 () TO	**************************************	
	1,026.25			BH				

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes, I release the Division of
 Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 6 10 to the first statutes.
this annual report is true and accurate and that my signature shall bave to exame logal effects is it nagfunder eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted
empowered to execute this report as required by chapter 6 01/31/31/statutes.
n T (MIII) A (IV M A (IV M A)

Ronus, Inc. SIGNATURE By:

Typed or Printed Name of General Partner Signing Form .

Alfred G. Adams, Jr.

Telephone Number 404-853-8014