2000 UNIFORM BUSINESS REPORT (UBR)

0003349 JV

DOCUMENT # A25622

1. Entity Name

SUNSET ASSOCIATES, LTD. (L.P.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

Principal Place of Business	Mailing Address
C/O ALFRED G. ADAMS 999 PEACHTREE STREET. N.E.. SUITE 2300 ATLANTA GA 30309-3996	C/O ALFRED G. ADAMS 999 PEACHTREE STREET. N.E.. SUITE 2300 ATLANTA GA 30309-3996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Robert Anderson Consulting	c/o Robert Anderson Consulting
Suite, Apt. #, etc.: 4401 Northside Pkwy, Ste 340	Suite, Apt. #, etc.: 4401 Northside Pkwy, Ste 340
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30327 Country: USA	Zip: 30327 Country: USA

4. FEI Number 58-1761809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $4,500,000.00

10. Amount of Capital Contributions in FLORIDA to date. Ø

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P32610 RONUS, INC. 999 PEACHTREE STREET, NE, SUITE 2300 ATLANTA GA 30309	STREET ADDRESS / CITY-ST-ZIP	c/o Robert Anderson Consulting 4401 Northside Pkwy, Ste 340 Atlanta, GA 30327
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	900003354129--4
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	-08/11/00--01091--001 ****541.25 ****541.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

CR2E003 (5/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ~~SIGNATURE REQUIRED~~ Robert L. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #