

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008-

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A30978

1. Entity Name
SUNSET LAKES, LTD.



Principal Place of Business
1314 E. CAPE CORAL PKWY., #204
CAPE CORAL, FL 33904

Mailing Address
P.O. BOX 101335
CAPE CORAL, FL 33910



02152008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0260993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IBC FIDUCIARY, INC.
100 S.E. 2ND STREET, SUITE 2315
MIAMI, FL 33131

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U0000008337867

02/05/08-00007-014 500.00

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

DOCUMENT # **P97000060941**
NAME **SUNSET LAKES EQUITIES, INC.**
STREET ADDRESS **1314 E. CAPE CORAL PKWY., #204**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *J. A. Secchia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/19/08 *239-945-6777*

STAPLE CHECK HERE