2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001323

1. Entity Name

SUNSET CLUB APARTMENTS, LTD.

Principal Place of Business	Mailing Address
C/O EDWARD A. LASHINS, JR. 80 BUSINESS PARK DRIVE ARMONK NY 10504	C/O EDWARD A. LASHINS, JR. 80 BUSINESS PARK DRIVE ARMONK NY 10504

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-1056038 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARD A. LASHINS, JR.
SUNSET CLUB APTS. 6259 SUNSET DRIVE
APT. 5B
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

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

SIGNATURE ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #	P96000058477	STREET ADDRESS	
NAME	SUNSET CLUB APARTMENTS, INC.		
STREET ADDRESS	80 BUSINESS PARK DRIVE	CITY-ST-ZIP	U00000433226 02/24/06-80009-010 500.00
CITY-ST-ZIP	ARMONK NY 10504		
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STAPLE CHECK HERE

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: [signature] EDWARD A. LASHINS 2/9/06 914-273-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #