

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # A96000001323	
1. Entity Name SUNSET CLUB APARTMENTS, LTD.	

Principal Place of Business C/O EDWARD A. LASHINS, JR. 80 BUSINESS PARK DRIVE ARMONK NY 10504	Mailing Address C/O EDWARD A. LASHINS, JR. 80 BUSINESS PARK DRIVE ARMONK NY 10504
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E003 (10/06)
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, 2007, 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.	CITY-ST-ZIP	
STREET ADDRESS	80 BUSINESS PARK DRIVE		
CITY-ST-ZIP	ARMONK NY 10504		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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03/06/07-80092-015 500.00

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: <u><i>Edward A. Lashins, Jr.</i></u>	<u>2/23/07</u>	<u>914-273-5200</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

STAPLE CHECK HERE