

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 FEB 20 AM 10:07

<b>DOCUMENT # A97000001145</b> 1. Entity Name SUNSET APARTMENT ASSOCIATES, LTD.			
Principal Place of Business 2600 E. COMMERCIAL BLVD., STE. 200 FT. LAUDERDALE, FL 33308		Mailing Address 2600 E. COMMERCIAL BLVD., STE. 200 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business 5401 University Drive Suite, Apt. #, etc. 103		3. Mailing Address 5401 University Drive Suite, Apt. #, etc. 103	
City & State Coral Sp FL Zip 33067		City & State Coral Sp FL Zip 33067	
Country Broward		Country Broward	
4. FEI Number 65-0761258		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS & VALANCY 311 SE 13TH STREET FORT LAUDERDALE, FL 33316		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	572226 M.S.L. PROPERTY MANAGEMENT, INC. 2600 E. COMMERCIAL BLVD., STE. 200 FT. LAUDERDALE, FL 33308	STREET ADDRESS CITY-ST-ZIP	5401 University Drive #103 Coral Sp FL 33067
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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			
Date		Daytime Phone #	

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