

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30978**

1. Entity Name

**SUNSET LAKES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**00 MAR -6 PM 5:43**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8192 COLLEGE PARKWAY. SUITE 1 FT MYERS FL 33919</b>	Mailing Address <b>8192 COLLEGE PARKWAY. SUITE 1 FT MYERS FL 33919-5112</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0260993</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERRIZ, ARMANDO  
8192 COLLEGE PARKWAY.  
SUITE 1  
FT MYERS FL 33919**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$3,310,348.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>731,656</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>P97000060941 SUNSET LAKES EQUITIES, INC. 7846 CORAL WAY, SUITE 440 MIAMI FL 33155</b>	STREET ADDRESS CITY - ST - ZIP	<b>8192 College Hwy Suite 1 Fort Myers, FL 33919</b>
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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]* **ANGEL H. RIVERO 2/16/00** 941-489-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #