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SECRETARY OF STATE
TALLAHASSEF, FI ORIGA

ASN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sunset West, L.P.		
	hip or Limited Liability Limited Partnership)	
The enclosed Certificate of Limited Parts	nership and fees are submitted for filing.	
Please return all correspondence concern	ing this matter to:	
Rafael N. Gomez		
(Contact Person)		
Sunset West LLC	<u> </u>	
(Firm/Company)		
5040 N.W. 7th Street, #710		
(Address)		
Mlami, Florida 33126		
(City, State and Zip Code	)	
For further information concerning this n	natter, please call:	
Rafael N. Gomez	at ( 305 ) 529-2405	
(Name of Contact Person)	at ( 305 ) 529-2405  (Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,000.00 Filing Fees \$1,000.75 Filing Fee and Certificate of Status	and Certified Copy  Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:✓	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building  2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	Guanaston, P. J. J. 17	
CR2E030 (01/06)	•	

## CERTIFICATE OF LIMITED PARTNERSHIP FLORIDA LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., a Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited or LLLP.	must include suffix) or Ltd d Partnership, L.L.L.P.
2. 5040 N.W. 7th Street, Suite 710	. 4
(Street address of initial designated office)	P
Miami, Florida 33126	L A)
3. Armando Posse	ASS
(Name of Registered Agent for Service of Process)	į.
4, 5040 N.W. 7th Street, Suite 710	<u></u>
(Florida street address for Registered Agent) Miami, Florida 33126	JRIĐ <b>A</b>
5. I hereby accept the appointment as registered agent and agree to uct in this cap	mance of my duties,
comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered agen	<b>(.</b>
comply with the provisions of all statutes relative to the proper and complete perfor	<b>(</b> .
comply with the provisions of all statutes relative to the proper and complete perfor	f.
comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered agent.  Signature of Registered Agent	
comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered agen	f.

96/21/2006 14:51

8. Name and business address of each Name:	general partner: Business Address:		
SUNSET WEST LLC	5040 N.W. 7th Street, Suite 710		
	Miami, FL 33126		
	L05-64837		
9. Effective date, if other than the date of filing:			
(Effective date cannot be prior to nor m filed by the Florida Department of State	ore than 90 days after the date the document is		
	JUNE 4006.		
Signature of each general partner:			
Rafael N. Comez, M	anaging Member		
Certifled Copy (optional): \$5 Certifleate of Status (optional): \$8	.000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 2.50 3.75		