


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30978</b> 1. Entity Name <b>SUNSET LAKES, LTD.</b>	
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Principal Place of Business <b>1314 E. CAPE CORAL PKWY., #204 CAPE CORAL, FL 33904</b>	Mailing Address <b>P.O. BOX 101335 CAPE CORAL, FL 33910</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01302007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0260993</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>IBC FIDUCIARY, INC. 100 S.E. 2ND STREET, SUITE 2315 MIAMI, FL 33131</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2007, Fee will be \$900.00</b>	000000624184 02/14/07-80020-023 500.00
<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>	

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000060941
NAME	SUNSET LAKES EQUITIES, INC.
STREET ADDRESS	1314 E. CAPE CORAL PKWY., #204
CITY-ST-ZIP	CAPE CORAL, FL 33904
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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
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<b>SIGNATURE:</b> 	01/21/07 239-945-6777
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

STAPLE CHECK HERE