## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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SIGNATURE:

YPED OR PRINTED NAME OF SIGN

## **FILED** Feb 08, 2005 08:00 AM Secretary of State DOCUMENT # A0000001470 1. Entity Name SUNSET PROPERTIES GENERAL, LTD. Principal Place of Business Mailing Address 1005-10073 S.W. 72ND ST. BOX 490276 KEY BISCAYNE FL 33149 MIMAI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-1037379 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TELLAM, HENRY S JR. Street Address (P.O. Box Number is Not Acceptable) 270 GREENWOOD DRIVE KEY BISCAYNE FL 33149 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. 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if applicable See Block 11 Instructions for fee info. DATE 10. Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$2,168,530.65 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P00000082170 DOCUMENT # STREET ADDRESS SUNSET PROPERTIES GENERAL, INC. NAME STREET ADDRESS 270 GREENWOOD DRIVE CHY-ST-7P KEY BISCAYNE FL 33149 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>--- U00000220112------</del> 02/08/05-80056-006 526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

305-361-5<u>8</u>/8