ERSHIP ANNUAL REPORT (AR)

FILED Jan 30, 2006 08:00 AM DOCUMENT # A00000001470 1. Entity Name **Secretary of State** SUNSET PROPERTIES GENERAL, LTD. Principal Place of Business Mailing Address 1005-10073 S.W. 72ND ST. BOX 490276 MIMA! FL 33173 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-1037379 Not Applicat Ζιρ 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 (PO Box Number is Not Acceptable) 270 GREENWOOD DRIVE KEY BISCAYNE FL 33149 City 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 Signature, typed or printed name of registered agent and trite if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State 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 ADDRESS CHANGES ONLY DOCUMENT # P000000082170 STREET ADDRESS NAME SUNSET PROPERTIES GENERAL, INC. STREET ADDRESS 270 GREENWOOD DRIVE CITY-ST-ZIP CITY - ST - ZIP KEY BISCAYNE FL 33149 ODCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U09000406799-DOCUMENT # 02/07/06-80104-018 500.00 STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

14. I hereby certify that the information susplied with this filling 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 episoneric to execute this report as required by Chapter 620, Florida Statutes

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

SCHATURE AND TOPPEOR PRINTER NAME OF SIGNING GENSEN, PARTIMER

1/27/06

305-361-7523