2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

CHECK

SIGNATURE:

FILED Feb 19, 2007 08:00 AM DOCUMENT # A0000001470 **Secretary of State** SUNSET PROPERTIES GENERAL, LTD. Principal Place of Business Mailing Address 1005-10073 S.W. 72ND ST. MIMAI FL 33173 BOX 490276 KEY BISCAYNE FL 33149 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 65-1037379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo TELLAM, HENRY S JR. Street Address (P.O. 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 primad name of registered agent and title if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P00000082170 STREET ADORESS NAMI SUNSET PROPERTIES GENERAL, INC. STREET ADDRESS 270 GREENWOOD DRIVE CHY-SI-7IP CHY-SI-ZIP KEY BISCAYNE FL 33149 DOCUMENT # 1100000641491 STREET ADDRESS ກຽງຂຶ້ນກໍ່ຂ້ອຍກໍ່ກໍ່ເຂົ້ອກາວ ຊາກ ກາ STREET ADDRESS CITY-S1-7(P CITY-S1-7IP DOCUMENT # STREET ADDRESS NAMI STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP DOCUMENT A STREET ADDRESS NAME STREET LADDRESS CITY-ST-ZIP CHY-SI-7P DOCUMENT# STREET ADDRESS STRUET ADDRESS CITY - ST- 71P CHY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY - ST - 7tP 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 eath; 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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