


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 26 AM 9:28

DOCUMENT # A04000001874 1. Entity Name SUNNILAND CENTER, LTD.	
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Principal Place of Business 470 BILTMORE WAY, SUITE 100 CORAL GABLES, FL 33134	Mailing Address 470 BILTMORE WAY, SUITE 100 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01192007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1939852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARCIA, FIRPO 479 BILTMORE WAY, SUITE 100 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name <u>Firpo Garcia</u> Street Address (P.O. Box Number is Not Acceptable) <u>470 Biltmore Way Suite 100</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP P94000085266 GUIDANCE CORPORATION 470 BILTMORE WAY, SUITE 100 CORAL GABLES, FL 33134	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP 800026799308 01/31/07--01017--024 **500.00
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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

SIGNATURE: Firpo Garcia 1/19/07 305-448-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE