

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JAN 30 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # A08032**

1. Entity Name  
**SUNSET ASSOCIATES, LTD. LLLP**



Principal Place of Business  
12415 S.W. 136 AVENUE, UNIT 2  
MIAMI, FL 33186

Mailing Address  
12415 S.W. 136 AVENUE, UNIT 2  
MIAMI, FL 33186



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-1959144**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVINSON, MELVIN E.**  
12415 S.W. 136 AVENUE, UNIT 2  
MIAMI, FL 33186

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$705,855.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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  
**LEVINSON, MELVIN E.**  
**12415 S.W. 136 AVENUE #2**  
**MIAMI, FL 33186**

STREET ADDRESS

CITY-ST-ZIP

**200027916942**  
**01/29/04--01022--004 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400027916934**  
**01/30/04--01022--004 \*\*526.25**

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STREET ADDRESS

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

SIGNATURE:

*Melvin E. Levinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MELVIN E. LEVINSON**

**1/21/04**

Date

**305 233-1525**

Daytime Phone #

STAPLE CHECK HERE