

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

SEC. OF STATE  
 DIVISION OF CORPORATIONS  
 06 FEB 14 AM 11:18

<b>DOCUMENT # A08032</b> 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	
2. Principal Place of Business <b>6280 SUNSET DRIVE</b>		3. Mailing Address <b>C/O LEVINSON 12700 SW 64 CT</b>			
Suite, Apt. #, etc. <b>SUITE 100</b>		Suite, Apt. #, etc. 		01302006    Chg-LP    CR2E003 (11/05)	
City & State <b>SOUTH MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>59-1959144</b>	
Zip <b>33143</b>		Country <b>UNITED STATES</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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) <b>12700 SW 64 CT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156</b>	
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 <u><i>Melvin E. Levinson</i></u> DATE <u>2/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	12700 SW 64 CT	
STREET ADDRESS	12415 S.W. 136 AVENUE #2		CITY-ST-ZIP	MIAMI FL 33156	
CITY-ST-ZIP	MIAMI, FL 33186				
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CITY-ST-ZIP					
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: <u><i>Melvin E. Levinson</i></u> <b>MELVIN E. LEVINSON</b>			Date <u>2/12/06</u>		Daytime Phone # <u>305 206-2496</u>

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