
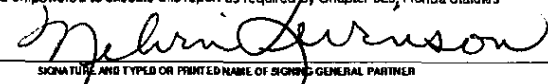


182  
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DIVISION OF CORPORATIONS  
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**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # A08032</b>			
1. Entity Name <b>SUNSET ASSOCIATES, LTD.</b>			
Principal Place of Business 6280 SUNSET DR., SUITE 100 SOUTH MIAMI, FL 33143		Mailing Address 6280 SUNSET DR., SUITE 100 SOUTH MIAMI, FL 33143	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1958144</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  LEVINSON, MELVIN E. 6200 BLUE LAGOON DR. SUITE 260 MIAMI, FL 33126		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 _____ DATE _____			
9. Capital Contributions as Shown on record. <b>\$705,855.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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. 6200 BLUE LAGOON DR. MIAMI, FL	STREET ADDRESS CITY - ST - ZIP	12415 S.W. 136 AVE #2 MIAMI, FL 33186
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	100024496831 11/07/03-01003-016 ***526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: 		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # _____	

STAPLE CHECK HERE

CR2E003 (1/0/02)



# Peckar & Abramson

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DIVISION OF CORPORATIONS  
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JOSEPH B. REISMAN  
jreisman@pecklaw.com

November 5, 2003

**FEDEX # 8427 1561 4263**

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Attention: Ms. Tammy Cline

**Re: Sunset Associates, Ltd., a Florida limited partnership  
2003 Uniform Business Report**

Dear Ms. Cline:

As we discussed in our recent telephone conversation, the registration of Sunset Associates, Ltd., a Florida limited partnership was mistakenly withdrawn. The error was caused by the filing of a certificate of withdrawal by a foreign limited partnership by the same name. As you instructed in our conversation, I am enclosing the 2003 limited partnership Uniform Business Report and check of Sunset Professional Building in the amount of \$526.25 to cover the filing fee.

It is my understanding that this will accomplish the filing of the UBR and the confirmation of the reinstatement of Sunset Associates, Ltd., a Florida limited partnership to active and good standing status in your office. If this is incorrect please advise me.

Very truly yours,

Joseph B. Reisman  
Attorney for Sunset Associates, Ltd., a Florida limited partnership

JBR/vta

Enclosure