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Peckar & Abramson

A Professional Corporation • Attorneys & Counselors at Law

One Southeast Third Avenue Suite 3050 Miami, FL 33131 tel. 305.358.2600 fax 305.375.0328

JOSEPH B. REISMAN jreisman@pecklaw.com

Fort Lauderdale

tel. 954.969.0101 fax 954.696.0328

November 17, 2003

New York

546 Fifth Avenue 17th Floor New York, NY 10036 tel. 212.382.0909 fax 212.382.3456

New Jersey

70 Grand Avenue River Edge, NJ 07661 tel. 201.343.3434 fax 201.343.6306

San Francisco

250 Montgomery Street 18th Floor San Francisco, CA 94104 tel. 415.837.1968 fax 415.837.1320

Los Angeles

555 West 5th Street Suite 3000 Los Angeles, CA 90013 tel. 213.489.9220 fax 213.489.9215

www.pecklaw.com

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

Re: Sunset Associate, Ltd., a Florida limited partnership

Ladies and Gentlemen:

Enclosed is Statement of Qualification for Florida Limited Liability partiership for filing on behalf of Sunset Associates, Ltd., a Florida limited partnership. Also enclosed is our check in the amount of \$33.75 to cover the filing fee and the forwarding of a Certificate of Status.

Please file the enclosed statement and forward the Certificate of Status.

Very truly yours,

Jøseph B. Reisman

Attorney for Sunset Associates, Ltd.

JBR/vta

Enclosure

cc: Dr. Melvin Levinson





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JOSEPH B. REISMAN jreisman@pecklaw.com

Fort Lauderdale

tel. 954.969.0101 fax 954.696.0328

December 11, 2003

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546 Fifth Avenue 17th Floor New York, NY 10036 tel. 212.382.0909 fax 212.382.3456

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555 West 5th Street Suite 3000 Los Angeles, CA 90013 tel. 213.489.9220 fax 213.489.9215

www.pecklaw.com

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

Re: Sunset Associate, Ltd., a Florida limited partnership

Ladies and Gentlemen:

Enclosed is a Statement of Qualification for Florida Limited Liability Limited Partnership for filing on behalf of Sunset Associates, Ltd., a Florida limited partnership along with a copy of your letter dated December 4, 2003 requesting the correct form for a limited partnership be completed. Please apply the \$33.75 you previously received for filing the form and forward to us a Certificate of Status.

Very truly yours

Virginia Almaguer
Assistant Joseph B. Reisman

Attorney for Sunset Associates, Ltd.

Enclosure

cc: Dr. Melvin Levinson





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 4, 2003

JOSEPH B. REISMAN PECKAR & ABRAMSON ONE SE THIRD AVE., SUITE 3050 MIAMI, FL 33131

SUBJECT: SUNSET ASSOCIATES, LTD.

Ref. Number: A08032

We have received your document for SUNSET ASSOCIATES, LTD. and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. You need to complete the form for a limited partnership statement of qualification.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 503A00065283

Diane Cushing Document Specialist

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

	The name of the limited partnership as identifinset Associates, Ltd.	ed in the records of the Florida Departmen	nt of State:				
or <u>At</u>	sert limited partnership's Florida document nun tach Certificate of Limited Partnership, Affidav rtnership filing fees.		limited				
2.	. The complete name of the entity after filing Statement of Qualification shall be:						
LI	I.P						
	(Must include	LLLP or L.L.L.P.)					
3.	The street address of its chief executive office (if different from current recorded address):	12415 S.W. 136 Avenue Unit 2 Miami, Florida 33186					
4.	The street address of principal office in Florid (if different from above)	a:					
	The limited partnership hereby elects to be a limited. The effective date of this filing shall be:	d with the Florida Secretary of State	03 DEC 18 F				
7.	The name and Florida street address of the par Melvin E. Levinson	tnership's agent for service of process:	PM 6: 11				
	12415 S.W. 136 Avenue, Unit 2	Florida 33186	<u> </u>				
tha Sig Sig	e execution of this statement as a partner constitute the facts stated herein are true. med this	itutes an affirmation under the penalties of . 2003 Line E German					

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75