
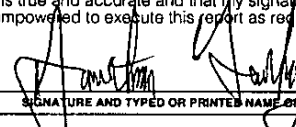


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 AUG 15 AM 10:33

<b>DOCUMENT # A08931</b> 1. Entity Name SUNSIDE ASSOCIATES, LTD.					
Principal Place of Business % HAROLD GREENBERG, ESQ. 600 THIRD AVE., 31ST FLOOR NEW YORK, NY 10016-2097				Mailing Address % HAROLD GREENBERG, ESQ. 600 THIRD AVE., 31ST FLOOR NEW YORK, NY 10016-2097	
2. Principal Place of Business c/o Harold Greenberg Suite, Apt. #, etc. 17595 Bocaire Place City & State Boca Raton, FL Zip 33487		3. Mailing Address c/o Harold Greenberg Suite, Apt. #, etc. 17595 Bocaire Place City & State Boca Raton, FL Zip 33487		4. FEI Number 58-1435077 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, HARRY B ESQ. RUDEN BARNETT MCCLOSKEY SMITH SCHUSTER ETAL 701 BRICKELL AVE., SUITE 1900 MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date. \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000002784		STREET ADDRESS		
NAME	8450 MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	27 BYRDS HILLS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PAWLING, NY 12564		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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: 			Jonathan Greenberg 7/22/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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