

12-30-1998 05:01PM FROM

TO

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LIMITED PARTNERSHIP
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra Mortimer
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership

2a. DOCUMENT #
A14325

SUNSET PLAZA ASSOCIATES, LTD.



3. Date Formed or Reestablished 04/12/1983		5a. Capital Contributions as Shown on 1997-0	
3a. Date of Last Report 03/04/1996		5b. Amount of Capital Contributions in 1997-0 as shown	
4. State or Country of Formation FL		6. FPI Number 59-2307327	
7. Certificate of Status Issued ☐		8. Annual check payable to DEPT. of State (See reverse side for information)	
2. Mailing Address 51 SW 9 ST. MIAMI FL 33130		2a. Principal Office Address 51 SW 9 ST. MIAMI FL 33130	
2b. Mailing Address Suite, Apt. #, etc.		2c. Principal Office Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	

9. Name and Address of Current Registered Agent PUYANG, MAX D 51 SW 9 ST. MIAMI FL 33130		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accepted) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of Sections 620.1051 and 620.1052, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of an agent on the 1997 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) SUNSHINE ON SUNSET INVESTMENT	11a. Address of Each General Partner (Do NOT Use Post Office Box Number) 51 SW 9 ST.	11b. City, Room & Zip Code MIAMI FL 33130	11c. Registration/ Document Number P04000000000
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of normal business with Section 119.07(3)(b) in the event that the information supplied is determined to be false or deceptive. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Rick Bertold, President

Daytime Telephone Number (305) 372-3777

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