

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 13 AM 11:19

1. Name of Limited Partnership

1a. DOCUMENT #
A18289

SUNSET SQUARE ASSOCIATES, LIMITED PARTNERSHIP



Mailing Address 303 E. 17TH AVE., STE. 770 DENVER CO 80203		Principal Office Address 303 E. 17TH AVE., STE. 770 DENVER CO 80203		3. Date Formed or Registered 11/14/1984	5a. Capital Contributions as Shown on record \$3,775,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 04/11/1997	5b. Amount of Capital Contributions in FL ORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 43-1370041	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 700002321027--4	
		Suite, Apt. #, etc. 10/15/97 01078 000	
		City FL	
		Zip Code ****541.25 ****541.25	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MARIANI, ANGELO STARR REALTY MANAGEMENT MGP	111 BROADWAY-14TH FLO 303 E. 17TH AVE., STE	NEW YORK NY DENVER CO 80203	F97000001902

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects 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, required by chapter 620, Florida Statutes.

SIGNATURE

Angelo Mariani

DATE

10/1/97

Typed or Printed Name of General Partner Signing Form

ANGELO MARIANI

Daytime Telephone Number

(212) 233-6440

CR2E003 (6/97)