

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A18289

FILED

02 AUG -9 AM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

8/9

99-00-01-02

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Katherine Lewis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A18289

1. Name of Limited Partnership
SUNSET SQUARE ASSOCIATES, LIMITED PARTNERSHIP

2. Principal Office Address
303 EAST 17th AVE

3. Mailing Office Address
303 EAST 17th AVE

4. Date Formed or Registered
To Do Business in Florida 11/14/1984

Suite, Apt. #, etc.
505

Suite, Apt. #, etc.
505

5. FEI Number
43-1370041

Applied For
Not Applicable

City & State
DENVER, COLORADO

City & State
DENVER, COLORADO

6. CERTIFICATE OF STATUS DESIRED

Zip Country
80203 USA

Zip Country
80203 USA

7a. Capital Contributions as shown on Record:
3,775,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

FEES:
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

City
PLANTATION

State
FL

Zip Code
33324

9. 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.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
MARIANI, ANGELO	75 MAIDEN LANE Suite 323 New York NY 10038	N.Y.C NY-10038	200007140042-6 08/15/02-01046-018 ***4105.00 ***4105.25 200007140042--6 -08/15/02--01046--018 ***4105.00 ***4105.00

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 as required by chapter 620, Florida Statutes.

SIGNATURE Angelo Mariani DATE 8-1-02

Typed or Printed Name of General Partner Signing Form ANGELO MARIANI Telephone Number 212 405 2142