
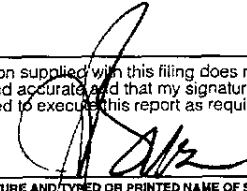


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # A18289					
1. Entity Name SUNSET SQUARE ASSOCIATES, LIMITED PARTNERSHIP					
Principal Place of Business 303 E. 17TH AVE., STE. 505 DENVER, CO 80203			Mailing Address 303 E. 17TH AVE., STE. 505 DENVER, CO 80203		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1370041	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. \$3,775,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MARIANI, ANGELO				
STREET ADDRESS	75 MAIDEN LANE, SUITE 323		CITY-ST-ZIP		
CITY-ST-ZIP	NEW YORK, NY 10038				
DOCUMENT #	NAME		STREET ADDRESS		
NAME					
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS		
NAME					
STREET ADDRESS			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: 			Date: 4/20/04		Daytime Phone #: (305) 669-3886
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number **43-1370041** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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04/29/04-80009-012 526.25