


FILED
 03 APR 25 AM 10:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
 UNIFORM BUSINESS REPORT (UBR)**

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	
Zip	Country	Zip	Country
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 _____			
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	
	MARIANI, ANGELO		
STREET ADDRESS	75 MAIDEN LANE, SUITE 323	CITY - ST - ZIP	
	NEW YORK, NY 10038		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		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: 4/23/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	



DUE BY MAY 1, 2003

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

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

MAKE CHECK PAYABLE TO FL DEPT OF STATE
 SEE REVERSE SIDE FOR FEI INFORMATION

690017997725
 04/25/03--01048--015 ***26.25

STAPLE CHECK HERE

CR2E003 (10/02)