

|                                                                              |                                                          |                                                                                   |
|------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A27643</b>                                                     |                                                          |  |
| 1. Entity Name<br><b>SUNSET CENTRES OF SOUTH FLORIDA LIMITED PARTNERSHIP</b> |                                                          |                                                                                   |
| Principal Place of Business                                                  | Mailing Address                                          |                                                                                   |
| 1629 K STREET, N.W.<br>SUITE 500<br>WASHINGTON, DC 20006                     | 9816 S. MILITARY TRAIL<br>C-2<br>BOYNTON BEACH, FL 33436 |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                            |                                                          |                                                                                   |

06 MAY 31 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



04272006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

52-1603314

|             |  |
|-------------|--|
| Applied For |  |
|-------------|--|

|                |
|----------------|
| Not Applicable |
|----------------|

### 5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAN FILIPPO, N PAUL  
1100 5TH AVENUE SOUTH, SUITE 405  
NAPLES, FL. 34102

**DO NOT WRITE  
IN THIS SPACE**

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

Significant, listed or printed name of registered agent and type if applicable.

900075662449

~~06/02/00 01011 011 \*\*\*500.75~~

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

|                |                                |
|----------------|--------------------------------|
| DOCUMENT #     | P20459                         |
| CITY           | SPEYHAWK FLORIDA, INC.         |
| STREET ADDRESS | 1629 K STREET, N.W., SUITE 501 |
| CITY STATE     | WASHINGTON, DC 20008           |

DOCUMENT # K50538  
NAME WPI FLORIDA, INC.  
STREET ADDRESS 1629 K STREET, N.W., SUITE 501  
CITY STATE ZIP WASHINGTON, DC 20006

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY STATE ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY ST ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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~~05/20/06-80024-663-500.00~~

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information reported 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:**