## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED SECRETARY OF STATE Due By May 1, 2004 DIVISION OF CORPORATIONS DOCUMENT # A28620 04 FEB -3 PM 12: 09 1. Entity Name 8585 SUNSET, LTD. Mailing Address Principal Place of Business 8585 SUNSET DRIVE 8585 SUNSET DRIVE WEST ATRIVM WEST ATRIVM MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 CR2E003 (10/03) Chg-LP City & State Applied For City & State 4. FEI Number 65-0138971 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent PASTERNACK, MARSHALL R P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BOULEVARD, SUITE 2500 MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$500.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # K97877 STREET ADDRESS NAME RADAJO, INC. 8585 SUNSET DR., WEST ATRIUM STREET ADDRESS 400029795124 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 03/03/04--01030--004 \*\*141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADORESS 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

CITY-ST-ZIP

STREET ADDRESS

DOCUMENT #

NAME STREET ADDRESS

awrence SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER