

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # A28620

1. Entity Name
8585 SUNSET, LTD.



FILED

06 JUN -6 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
8585 SUNSET DRIVE
WEST ATRIUM
MIAMI, FL 33143

Mailing Address
8585 SUNSET DRIVE
WEST ATRIUM
MIAMI, FL 33143

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

Zip

Country

04192006

Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0138971

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTERNAK, MARSHALL R P.A.
200 S. BISCAYNE BOULEVARD, SUITE 2500
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # K97877
NAME RADAJO, INC.
STREET ADDRESS 8585 SUNSET DR., WEST ATRIUM
CITY-ST-ZIP MIAMI, FL 33131

STREET ADDRESS

CITY-ST-ZIP

400075968404
06/08/06 01002 000 **500.00

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STREET ADDRESS

CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE