2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK

SIGNATURE:

Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # A29781 1. Entity Name SUNSET INTERNATIONAL WEST, LTD. Principal Place of Business Mailing Address 3711 S.W. 27TH STREET **3711 S.W. 27TH STREET** MIAMI, FL 33134 MIAMI, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Act. #. etc. 03312004 Cha-LP CR2E003 (10/03) City & State City & State Applied For 4. EEI Number 59-2157693 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEISSLER, ROBERT I Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 W. FLAGLER STREET MIAMI, FL 33130 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 harms of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00 as Shown on record. 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 12. ADDRESS CHANGES ONLY 13. DOCUMENT# STREET ADDRESS. LAME SUNSET INTERNATIONAL WEST, INC. STREET ADDRESS 3711 S.W. 27TH STREET CITY ST ZIP U00000114879 04/16/04-60001-023 526.25 CRY-ST ZIP MIAMI, FL 33134 DOCUMENT # STREET ADDRESS KAME STREET ADDRESS COY-ST ZIP CITY ST ZIE DOCHMENT # STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST ZIP CRTY ST ZIP DOCUMENT# STREET ADDRESS 384A55 STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CRY ST ZP 14. I hereby certify that the information supplied with this hiling 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 path, 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

MATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

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