

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30978**

1. Entity Name

SUNSET LAKES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 5:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8192 COLLEGE PARKWAY. SUITE 1 FT MYERS FL 33919	Mailing Address 8192 COLLEGE PARKWAY. SUITE 1 FT MYERS FL 33919-5112
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0260993	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BERRIZ, ARMANDO
8192 COLLEGE PARKWAY.
SUITE 1
FT MYERS FL 33919

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. Capital Contributions as Shown on record. **\$3,310,348.00**

10. Amount of Capital Contributions in FLORIDA to date. **731,656**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000060941
NAME	SUNSET LAKES EQUITIES, INC.
STREET ADDRESS	7846 CORAL WAY, SUITE 440
CITY - ST - ZIP	MIAMI FL 33155

13. ADDRESS CHANGES ONLY

STREET ADDRESS	8192 College Pkwy SUITE 1
CITY - ST - ZIP	FORT MYERS, FL 33919
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	316/0
CITY - ST - ZIP	
STREET ADDRESS	800003178258--6
CITY - ST - ZIP	-03/21/00--01094--010
	****534.00 ****534.00

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: *[Signature]* **ANGEL H. RIVERO** 2/16/00 941-489-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CE 1000-0000