

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008-**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30978</b>	
1. Entity Name <b>SUNSET LAKES, LTD.</b>	

Principal Place of Business <b>1314 E. CAPE CORAL PKWY., #204 CAPE CORAL, FL 33904</b>	Mailing Address <b>P.O. BOX 101335 CAPE CORAL, FL 33910</b>
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02152008 No Chg-LP      CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0260993</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**IBC FIDUCIARY, INC.**  
**100 S.E. 2ND STREET, SUITE 2315**  
**MIAMI, FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

U00000837867  
02/25/08 00007-014 500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000060941 SUNSET LAKES EQUITIES, INC. 1314 E. CAPE CORAL PKWY., #204 CAPE CORAL, FL 33904
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STAPLE CHECK HERE

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:** *J. A. Secordia*      **2/19/08**      **239-945-6777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #