

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 22 PM 3: 15

1. Name of Limited Partnership	1a. DOCUMENT # <b>A31582</b>
SUNSET PLAZA I LIMITED PARTNERSHIP	



Mailing Address 8221 OLD COURTHOUSE ROAD, SUITE 204 VIENNA VA 22182 US	Principal Office Address 8221 OLD COURTHOUSE ROAD, SUITE 204 VIENNA VA 22182	3. Date Formed or Registered <b>05/20/1991</b>	5a. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>12/16/1997</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	
City & State	City & State	6. FEI Number <b>59-3022098</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent  AMNED PROPERTIES, INC. 13902 N. DALE MABRY HWY., STE. 165 TAMPA FL 33618	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	City	Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SLOKKER AMERICA, INC	8221 OLD COURTHOUSE R	VIENNA VA	P10713
WINDSOR PARKE DEV. L.P.	10549 N. FLORIDA AVEN	TAMPA FL	A30134

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\*\*\*\*526.25 \*\*\*\*526.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Marc C. Hutchinson BY: AMNED PROPERTIES, INC. GENERAL PARTNER DATE 12/14/98  
OF WINDSOR PARKE DEVELOPMENT, L.P., A GENERAL PARTNER  
Typed or Printed Name of General Partner Signing Form BY MARC C. HUTCHINSON, VICE PRESIDENT Daytime Telephone Number 703-506-1006

CR2E003 (8/98)