

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 20 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership RS-SUNSET LAKE, LTD.		1a. DOCUMENT # A95000000658	
Mailing Address 20 COSMOPOLITAN DR., UNIT 4 LEHIGH ACRES FL 33936		Principal Office Address 20 COSMOPOLITAN DR., UNIT 4 LEHIGH ACRES FL 33936	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

3. Date Formed or Registered 04/26/1995	5a. Capital Contributions as Shown on record. \$485,800.00
3a. Date of Last Report 12/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 65-0573969	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 BUTLER, GAREY F 1625 HENDRY STREET, STE. 301 FT. MYERS FL 33901	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) RS-COSMOPOLITAN RESIDENCE, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 20 COSMOPOLITAN DR.,	11b. City, State & Zip Code LEHIGH ACRES FL 33936	11c. Registration/Document Number P95000012383
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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

By: RS-Cosmopolitan Residence Inc
Its general partner

By: Juanita Jacob VP/TLS

DATE 11/17/98

Typed or Printed Name of General Partner Signing Form

RS-Cosmopolitan Residence Inc

Daytime Telephone Number

941-369-1710

CR2E003 (8/98)