

2001 UNIFORM BUSINESS REPORT (UBR)

0006296 AF

DOCUMENT # **A97000001145**

1. Entity Name

SUNSET APARTMENT ASSOCIATES, LTD.

Principal Place of Business

**2600 E. COMMERCIAL BLVD., STE. 200
FT. LAUDERDALE FL 33308**

Mailing Address

**2600 E. COMMERCIAL BLVD., STE. 200
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
100 SOUTEAST SECOND STREET, SUITE 3500
MIAMI FL 33131-2130~~

7. Name and Address of New Registered Agent

Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
City **Miami** **FL** Zip Code **33131**

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

Jeffrey Mandler

Jeffrey Mandler, VP

1/23/01

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,287,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **572226**
NAME **M. L. PROPERTY MANAGEMENT, INC.**
STREET ADDRESS **2600 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

DOCUMENT # **572226**
NAME **M.S.L. Property Management, Inc**
STREET ADDRESS **2600 E. Commercial Blvd., Suite 200**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Sheldon Liebowitz
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Secretary of GP

1/23/01

(954) 491-4511

Sheldon Liebowitz

Date

Daytime Phone #

FILED
01 MAR -5 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)