

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001145

1. Entity Name
SUNSET APARTMENT ASSOCIATES, LTD.



Principal Place of Business
**5401 UNIVERSITY DRIVE
SUITE 103
CORAL GABLES, FL 33067**

Mailing Address
**5401 UNIVERSITY DRIVE
SUITE 103
CORAL GABLES, FL 33067**



01092008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0761258

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENNINGS & VALANCY
311 SE 13TH STREET
FORT LAUDERDALE, FL 33316**

**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 _____
Signature typed or printed name of registered agent and title if applicable.

U000000789796

01/23/08-000008-005 508.75

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

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 # **572226**
NAME **M.S.L. PROPERTY MANAGEMENT, INC.**
STREET ADDRESS **5401 UNIVERSITY DRIVE #103**
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE