


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -4 AM 8:56

DOCUMENT # A98000001082					
1. Entity Name SUNSET LAKES SHOPS, LTD.					
Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143			Mailing Address C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0837355				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07132005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HIGIER, GERALD M C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>				DATE 08/12/05--01062--013 **141.25	
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000039627 SUNSET LAKES SHOPS, INC. 154 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143		STREET ADDRESS		
			CITY-ST-ZIP		
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			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: <i>Gerald M. Higier</i>			Date: 7/20/05 (305) 666-2140		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		

STAPLE CHECK HERE