

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A98000001714**

1. Entity Name  
**SUNSET CENTRES OUTPARCELS LIMITED PARTNERSHIP**



**FILED**

**MAY 22 PM 2:24**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business  
**1629 K STREET, N.W., SUITE 501  
WASHINGTON, DC 20006**

Mailing Address  
**9816 S. MILITARY TRAIL  
SUITE C-2  
BOYNTON BEACH, FL 33436**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAN FILIPPO, N. PAUL  
1100 5TH AVENUE SOUTH, SUITE 405  
NAPLES, FL 34102**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P20459	STREET ADDRESS	
NAME	SPEYHAWK FLORIDA, INC.	CITY- ST- ZIP	
STREET ADDRESS	1629 K STREET, N.W., SUITE 501		
CITY- ST- ZIP	WASHINGTON, DC 20006		
DOCUMENT #	K50538	STREET ADDRESS	
NAME	WPI FLORIDA, INC.	CITY- ST- ZIP	
STREET ADDRESS	1629 K-STREET, N.W., SUITE 501		
CITY- ST- ZIP	WASHINGTON, DC 20006		
DOCUMENT #		STREET ADDRESS	
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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 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**

*[Handwritten Signature]*