

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A98000001714

1. Name of Limited Partnership

Sunset Centres Outparcels Limited Partnership

07

2. Principal Office Address - No P.O. Box #
1629 K Street NW

3. Mailing Office Address
639 E. Ocean Avenue

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 406

City & State
Washington, DC

City & State
Boynton Beach, FL

Zip
20006

Country
USA

Zip
33435

Country
USA

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE

3-12-08

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

Speyhawk Florida, Inc.

1629 K Street NW
Suite 1200

Washington, DC 20006

P20459

100121226501

03/25/08--01044--001 **52.50

100121226501

03/25/08--01044--002 **1000.00

WPI Florida, Inc.

1629 K Street NW
Suite 1200

Washington, DC 20006

K50538

REINSTATEMENT 2007-2008

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

DATE

2/29/09

Typed or Printed Name of General Partner Signing Form

F. Davis Camalier

Telephone Number

FILED
08 MAR 13 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NK

CR2E039 (1/07)