DOCU	IMENT# A9900	0001700				
DOCUMENT # A9900001709 1. Entity Name				FILED		
G.L. HOMES OF SUNSET LAKES ASSOCIATES, LTD.					01 APR 24 PH 5: 17	
Principal Place of Business Mailing Address .					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1401 UNIVERS CORAL SPRIN	Sity Dr., Ste 200 NGS FL 33071	1401 UNIVERSITY DR., STE 200 CORAL SPRINGS FL 33071				
Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc.						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State			4: FEI Number Applied For Not Applied For Not Applied For	
Zip	Country	Zip	p Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				No	7. Name and Address of New Registered Agent	
GI HUM	EC OE CIINCET I AVEC CODDODA	TION		Name		
G.L. HOMES OF SUNSET LAKES CORPORATION 1401 UNIVERSITY DR., STE 200 CORAL SPRINGS FL 33071				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
8. The above	e named entity submits this statement for statement for Signature, typed or printed name of registered agent a			ed office or regis	stered agent, or both, in the State of Florida. Uired when reinstating) DATE	
9. Capital Co		10. Amount of Capita		butions \$12.0	964,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as Shown		in FLORIDA to da			ISTERED AND ACTIVE WITH THIS OFFICE.	
	NOTE: General Partners MA	Y NOT be changed on the	e form		tent must be filed to change a general partner. ADDRESS CHANGES ONLY	
12. DOCUMENT /	GENERAL PARTNER P99000091382	INFORMATION	13.		ADDRESS CHANGES ONLY	
NAME STREET ADDRESS CITY-ST-ZIP	GL HOMES OF SUNSET LAKES OF 1401 UNIVERSITY DR., STE 200 CORAL SPRINGS FL	ORPORATION	ł	-ST-ZÍP	5000041640591 -05/08/0101136013	
DOCUMENT #	001012 011111100 12	·	STRE	ET ADDRESS	****535,00 ****535.00	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	The same	
DOCUMENT #			. STRE	ET_ADDRESS,	P/24	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP		
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP		
DOCUMENT #			STRE	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP			CITY	- ST-ZIP		
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
indicated :	on this report is true and accurate and t er or trustee empowered to execute this	hat my signature shall have the report as required by Chapte	ne same er 620, F	e legal effect as if Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership of MES OF SUNSET LAKES CORP.	

SIGNATURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE:

4/13/01

954-753-1730

Daytime Phone #

Date