## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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SIGNATURE:

## May 06, 2005 08:00 AN Secretary of State DOCUMENT # A99000001709 1. Entity Name G.L. HOMES OF SUNSET LAKES ASSOCIATES, LTD. Principal Place of Business Mailing Address 1401 UNIVERSITY DR., STE 200 CORAL SPRINGS FL 33071 1401 UNIVERSITY DR., STE 200 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Soite, Apt. #, etc. CR2E003 (10/04) Applied For City & State 4. FEI Number City & State 65-0961568 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name G.L. HOMES OF SUNSET LAKES CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1401 UNIVERSITY DR., STE 200 CORAL SPRINGS FL 33071 City 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 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed name of registered againt and title if applicable DATÉ 10. Amount of Capital Contributions 9. Capital Contributions \$12,964,000.00 12,964,000. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P99000091382 STREET ADDRESS GL HOMES OF SUNSET LAKES CORPORATION 1401 UNIVERSITY DR., STE 200 STREET ADDRESS OUTY-ST-7/P CITY-ST-ZIP CORAL SPRINGS FL <del>UDDDDD363821</del> DOCUMENT # 05/06/05-80015-004 535.00 STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-SI-DR CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREFT ADDRESS STREET ADDRESS CITY ST-78P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**FILED** 

(**954**) 753-1730

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Maria Menendez, Vice President