


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001709		
1. Entity Name G.L. HOMES OF SUNSET LAKES ASSOCIATES, LTD.		

Principal Place of Business 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	Mailing Address 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0961568	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
G.L. HOMES OF SUNSET LAKES CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000091382 GL HOMES OF SUNSET LAKES CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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05/21/07-80029-013 508.75

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:  **N. MARIA MENDEZ, VICE PRESIDENT** **4/26/07** **954-753-1730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE