

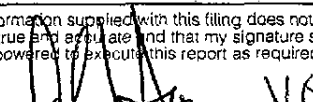


**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B01000000378</b>				<b>Secretary of State</b>	
1. Entity Name LKS ASSOCIATES (DELAWARE) LTD.					
Principal Place of Business 521 FIFTH AVENUE, SUITE 2300 NEW YORK, NY 10175		Mailing Address 521 FIFTH AVENUE, SUITE 2300 NEW YORK, NY 10175			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.		03022005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 13-3923390	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$3,750,000.00		10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000100154	STREET ADDRESS		000000362231 05/05/05-80102-021 526.25	
NAME	KENDALL/SUNSET GP, INC.	CITY-ST-ZIP			
STREET ADDRESS	521 FIFTH AVENUE, SUITE 2300	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10175	CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS		STREET ADDRESS			
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NAME		CITY-ST-ZIP			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 		ALAN L. GORDON		4/22/05 212 883 0381	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	