

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

<b>DOCUMENT # B03000000331</b> 1. Entity Name <b>SUNBEAM APARTMENTS, LTD.</b>				 RECEIVED FILED JAN 31 2005 SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 10 AM 10:06 05 MAR 10 AM 9:23	
Principal Place of Business <b>3250 MARY STREET, STE. 306 MIAMI FL 33133</b>		Mailing Address <b>3250 MARY STREET, STE. 306 MIAMI FL 33133</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>AP-PLIED FOR</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LEVINE, ALAN W ESQ 1110 BRICKELL AVENUE, 7TH FL MIAMI FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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.					<b>11. FILE NOW!!! Due by May 1, 2005</b> See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>P95000044604</b>		STREET ADDRESS		
NAME	<b>MID-FLORIDA MANAGEMENT CORPORATION</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>3250 MARY STREET, STE. 306</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33133</b>		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_