


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # B03000000331		
1. Entity Name SUNBEAM APARTMENTS, LTD.		

Principal Place of Business 3250 MARY STREET, STE. 306 MIAMI FL 33133	Mailing Address 3250 MARY STREET, STE. 306 MIAMI FL 33133
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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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, ALAN W ESQ 1110 BRICKELL AVENUE, 7TH FL MIAMI FL 33131		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 date if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P95000044604	STREET ADDRESS	
NAME	MID-FLORIDA MANAGEMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	3250 MARY STREET, STE. 306		
CITY-ST-ZIP	MIAMI FL 33133		
DOCUMENT #		STREET ADDRESS	200123858762
NAME		CITY-ST-ZIP	04/17/08--01014--016 **500.00
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CITY-ST-ZIP			

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: _____ **3-15-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2008 APR -9 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/07)

STAPLE CHECK HERE