

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 28 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003349

1. Entity Name

SUNSET AVENUE PARTNERS, L.L.C.

Principal Place of Business

324 ROYAL PALM WAY, SUITE #204  
PALM BEACH FL 33480

Mailing Address

324 ROYAL PALM WAY, SUITE #204  
PALM BEACH FL 33480-4306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0925365

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURY, EDWARD C

324 ROYAL PALM WAY, SUITE #204  
PALM BEACH FL 33480

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME CURY, EDWARD C  
STREET ADDRESS 324 ROYAL PALM WAY, SUITE #204  
CITY- ST- ZIP PALM BEACH FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE MGR  
NAME BECK, LOUIS S  
STREET ADDRESS 5269 PRINCETON WAY  
CITY- ST- ZIP BOCA RATON FL 33496

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CITY- ST- ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME DESIGNATING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)