

2001 UNIFORM BUSINESS REPORT (UBR)

0004337 AF

DOCUMENT # A00000001098
1. Entity Name
 SAN MARCO ASSOCIATES, LTD.

FILED

mf

Principal Place of Business
 2121 PONCE DE LEON BLVD., SUITE PH2
 CORAL GABLES FL 33134

Mailing Address
 2121 PONCE DE LEON BLVD., SUITE PH2
 CORAL GABLES FL 33134

01 FEB 16 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLEIN, SHAMIRA
 100 SOUTHEAST SECOND STREET, SUITE 3500
 MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

Name: Registered Agents of Florida, LLC
 Street Address (P.O. Box Number is Not Acceptable): 100 Southeast Second Street
 Suite 3500
 City: Miami FL Zip Code: 33131

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]* (NOTE: Registered Agent signature required when reinstating)

DATE: 2/02/01

9. Capital Contributions as Shown on record \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	L00000008173
NAME	CORNERSTONE SAN MARCO, L.L.C.
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE PH2
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: _____ Daytime Phone #: _____

CR2E003 (11/00)