CR2E039 (10/02)

PLEASE READ ALL IN	STRUCTIONS BEFORE	COMPLETING	THIS FOR	М.,	- 1	Π
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LIMITED PARTNERS REINSTATEM	HIP	FLORIDA DEPAR Secretary DIVISION OF C		ATE	SECR	ETARY (AM 9: 37 OF STATE FLORIDA
1. Name of Limited Part	# A01000000 nership LACE ASSOCIAT				·		
2. Principal Office Address 2121 Ponce d		3. Mailing Office Address 2121 Ponce d			4. Date Formed or Registered To Do Business in Florida 03	3/28/200	1
Suite, Apt. #, etc. PH2		Sulte, Apl. #, etc. PH2			5. FEI Number 65-1148697		Applied For
city & State Coral Gables,	City & State Gables, Florida Coral Gables, Florida			G. CERTIFICATE OF STATUS DESIRED S8.78 Additional From Status Desired Of Confliction of Status			
^{Zip} 33134	Country US	zip 33134	Country		7a. Capital Contributions as shown on Record: 7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent					FW: Amount of Capital Continuous	III FLORIDA (D	0419.
Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable)			FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.				
100 Southeast Second Street Suite, Apt. #, Etc. Suite 2900				2.) Supplemental Foe(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year teport form</u> is <u>delinquent</u> .			
^{City} Miami		State FL	Zip Code 33131		 Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit most be submitted elong with a separate and appropriate filing fee. 		
Pursuant to the provision the purpose of chan agent. I am familiar with	ns of sections 620 1051 and 620.11 ging its registered office or register, , and accept the obligations of sec	92, Florida Statutes, the above ed agent or both, in the State tion 659, 198, Florida Statutes.	-named limited partnersh et Florida Such change	rip organi was auth	ized or registered under the laws of the State sorized by its general partner(s). I hereby acc	r of Florida, subn cept the appoint	nts this statement nent of registered
SIGNATURE (Registered Ag					el, VP DATE _		/29/04
A GENERAL	PARTNER THAT (5 MUST I	BE REGISTERE	D AND ACTIV	PAR VE W	RTNERSHIP OR OTHER ITH THIS OFFICE.	BUSINE	SS ENTITY
10. Name(s) of Go	oneral Partnor(s)	Address of Each (Do NOT Use Post O			City, State and Zip Code	10a.	Registration ocument Number
Cornerstone T L.L.C.	ornerstone Tuscany Place, L.C. 2121 Ponce de Leon Blvd., PH2		Cor	ral Gables, FL 33134		0004860	
					000045: 02/03/050100	8909 002	\$90 **1026.25

REINSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is votuntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(i). Florids Statutes 1 release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same tegal effects as if made under earth. I further certify that I am a General Partner of the firmted partnership, receiver or trusted embeds the properties of the section of the firmted partnership. receiver or trusted embeds the properties of the section of the firmted partnership.

SIGNATURE

Leon J.Wolfe

DATE 12/29/04

Telephone Number