

# 2007 LIMITED PARTNERSHIP REINSTATEMENT

**FILED**  
**Oct 19, 2007**  
**Secretary of State**

DOCUMENT# A01000000429

**Entity Name:** TUSCANY PLACE ASSOCIATES, LTD.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-1148697      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 33131 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: L01000004860  
Name: CORNERSTONE TUSCANY PLACE, L.L.C.  
Address: 2121 PONCE DE LEON BLVD. PH  
City-St-Zip: CORAL GABLES, FL 33134

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEON WOLFE

GP

10/19/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date