


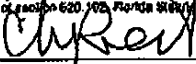
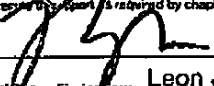
FAX AUDIT NO.: H05000075496 3

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2005 MAR 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A01000000948 1. Name of Limited Partnership Baywinds Associates, Ltd.			
2. Principal Office Address 2121 Ponce de Leon Blvd.		3. Mailing Office Address 2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc. PH		Suite, Apt. #, etc. PH	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country US	Zip 33134	Country US
B. Name and Address of Current Registered Agent			
Name Registered Agents of Florida, LLC			
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street			
Suite, Apt. #, Etc. Suite 2900			
City Miami		State FL	Zip Code 33131
4. Date Permitted or Registered To Do Business in Florida 07/13/2001			
5. FEI Number 85-1140785		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$875 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: 5,286,110.00			
7b. Amount of Capital Contributions in FLORIDA to date: 5,286,110.00			
FEEs: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7a, with a minimum filing fee of \$22.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$87.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year record form is delinquent. Note: If the amount entered in 7a is greater than a amount entered in 7b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
9. Pursuant to the provisions of sections 870, 1051 and 820.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 820.102, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) 		Charles J. Rennert, Vice President, DATE 3/25/05	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)		10a. Registrar Document Number	
Cornerstone Baywinds, L.L.C.		L01000011454	
Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
2121 Ponce de Leon Blvd., PH		Coral Gables, FL 33134	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(D) 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 legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 820, Florida Statutes.			
SIGNATURE 		DATE 3/25/05	
Typed or Printed Name of General Partner Signing Form Leon J. Wolfe, President of GP		Telephone Number (305) 443-8288	

CREATED (1/10/03)

REINSTATEMENT 03-05
[Handwritten initials]

03-29-'05 15:45 FROM-

T-030 P001/002 F-028

FILED

Florida Department of State

Division of Corporations
Public Access System

2005 MAR 28 AM 8:33

Electronic Filing Cover Sheet

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000075496 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305) 577-4177
Fax Number : (305) 373-6036

RECEIVED
05 MAR 28 PM 4:04
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP REINSTATEMENT

BAYWINDS ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$3,078.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)