2001 UNIFORM BUSINESS REPORT (UBR)

0004263 AF

DOCUMENT # A33546

1. Entity Name

VILLA HERMOSA, LTD.

FILED

01 APR -2 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD., PH 2 CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD., PH 2 CORAL GABLES FL 33134

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 59-0596699 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, LEON J C/O BERMAN WOLFE & RENNERT, P.A. 100 S.E. 2ND STREET, SUITE 3500 MIAMI FL 33131	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: 33131-2130

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 ______ V. P. ______ 2/7/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $100.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A94000001379	STREET ADDRESS	
NAME	CORNERSTONE VILLA HERMOSA, LTD.		
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 650	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #	P98000034930	STREET ADDRESS	200003992612--4 -04/11/01--01098--017
NAME	DEEDCO VILLA HERMOSA, INC.		
STREET ADDRESS	141 N.E. THRID AVE., SUITE 500	CITY-ST-ZIP	****150.00 ****150.00
CITY-ST-ZIP	MIAMI FL 33132		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
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: ______ 1/16/01 305-443-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)