

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 16 PM 3:40



1. Name of Limited Partnership
CENTER COURT ASSOCIATES, LTD.

1a. DOCUMENT #
A95000001310

Mailing Address C/O CORNERSTONE AFFORDABLE HOUSING II, INC 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	Principal Office Address C/O CORNERSTONE AFFORDABLE HOUSING II, INC 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	3. Date Formed or Registered 09/01/1995	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 02/22/1996	5b. Amount of Capital Contributions in FLORIDA to date \$1,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number APPLIED FOR 65-0630920
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8.75 Additional Fee Required <input type="checkbox"/>
Zip Country	Zip Country	8. Make check payable to Dept. of State (See reverse side for fee information)	

8/12/18

9. Name and Address of Current Registered Agent WOLFE, LEON J ESQ. 100 S.E. 2ND STREET, SUITE 3500 MIAMI FL 33134	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CORNERSTONE CENTER COURT, LT DEEDCO CENTER COURT, INC.	2121 PONCE DE LEON BL 141 N.E. 3RD AVENUE,	CORAL GABLES FL 33134 MIAMI FL 33132	A96000001457 P96000000527

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-12/19/96--01047--007
***191.25 ***191.25

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effects 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 620, Florida Statutes.

SIGNATURE _____ DATE _____
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)