

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001728

1. Entity Name
SANCTUARY COVE ASSOCIATES, LTD.



FILED

03 MAY 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2121 PONCE DE LEON BLVD., PH2
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., PH2
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

DUE BY MAY 1, 2003

4. FEI Number

65-1067515

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET, SUITE 2900
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast 2nd Street
Suite 2900
City
Miami FL Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles J. Rennert, VP

Charles J. Rennert, VP

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # 100000013879
NAME CORNERSTONE SANCTUARY COVE, L.L.C.
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH2
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

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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:

Charles J. Rennert, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001636
AV

CR2E003 (10/02)

STATE CHECK HERE