

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001636 AV

**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.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-1067915**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

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 # **L00000013879**  
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

DOCUMENT #

NAME

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**300020044603**  
**05/28/03 01862 021 \*\*150.00**

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STREET ADDRESS

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)