


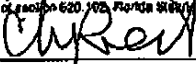
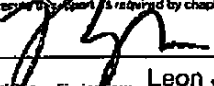
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # A01000000948</b> 1. Name of Limited Partnership <b>Baywinds Associates, Ltd.</b>			
<b>2. Principal Office Address</b> 2121 Ponce de Leon Blvd.		<b>3. Mailing Office Address</b> 2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc. <b>PH</b>		Suite, Apt. #, etc. <b>PH</b>	
City & State <b>Coral Gables, Florida</b>		City & State <b>Coral Gables, Florida</b>	
Zip <b>33134</b>	Country <b>US</b>	Zip <b>33134</b>	Country <b>US</b>
<b>B. Name and Address of Current Registered Agent</b>			
Name <b>Registered Agents of Florida, LLC</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. Second Street</b>			
Suite, Apt. #, Etc. <b>Suite 2900</b>			
City <b>Miami</b>		State <b>FL</b>	Zip Code <b>33131</b>
<b>4. Date Permitted or Registered To Do Business in Florida</b> <b>07/13/2001</b>			
<b>5. FEI Number</b> <b>85-1140785</b>		Applied For <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$875 Additional Fee required for a Certificate of Status</b>			
<b>7a. Capital Contributions as shown on Record:</b> <b>5,286,110.00</b>			
<b>7b. Amount of Capital Contributions in FLORIDA to date:</b> <b>5,286,110.00</b>			
<b>FEEs:</b> 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.			
<b>9. Pursuant to the provisions of sections 820.1051 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 820.105, Florida Statutes.</b>			
SIGNATURE (Registered Agent Accepting Appointment) 		<b>Charles J. Rennert,</b> <b>Vice President,</b> DATE <b>3/25/05</b>	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>10. Name(s) of General Partner(s)</b> <b>Cornerstone Baywinds, L.L.C.</b>	<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <b>2121 Ponce de Leon Blvd., PH</b>	<b>City, State and Zip Code</b> <b>Coral Gables, FL 33134</b>	<b>10a. Registrar Document Number</b> <b>L01000011454</b>
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
<b>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.</b>			
SIGNATURE 		DATE <b>3/25/05</b>	
Typed or Printed Name of General Partner Signing Form <b>Leon J. Wolfe, President of GP</b>		Telephone Number <b>(305) 443-8288</b>	

CREATED (1/10/03)

REINSTATEMENT 03-05  
[Handwritten initials]

03-29-'05 15:45 FROM-

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**Florida Department of State**

Division of Corporations  
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TALLAHASSEE, FLORIDA

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Fax Number : (850) 205-0383

From: Account Name : Berman Rennert Vogel & Mandler, PA  
Account Number : 076103002011  
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**LIMITED PARTNERSHIP REINSTATEMENT**

**BAYWINDS ASSOCIATES, LTD.**

Certificate of Status	0
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