

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000001584

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** EAGLE POINTE ASSOCIATES, LTD.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 04-3593792      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOLFE, LEON  
2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 5,506,110.00

**Amount of Capital Contributions in Florida to date:** 5,506,110.00

**GENERAL PARTNER INFORMATION:**

Document #: L01000020772  
Name: CORNERSTONE EAGLE POINTE, L.L.C.  
Address: 2121 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEON J. WOLFE

AR

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date