

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED


03 JAN 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A01000001584

1. Entity Name
EAGLE POINTE ASSOCIATES, LTD.



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

Mailing Address
2121 PONCE DE LEON BLVD.
PH
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 **04-3593792**

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

HODKIN, PETER M ESQ.
ONE EAST BROWARD BLVD.
SUITE #1501
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

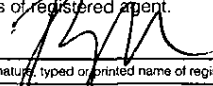
Name **LEON J WOLFE**

Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD

PH

City **CORAL GABLES** FL Zip Code **33134**

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  DATE

Signature typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000020772 CORNERSTONE EAGLE POINTE, L.L.C. 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500010703615 01/24/03--01096--001 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)