

A93000000816

FILING NUMBER STATE OF FLORIDA OR LIMITED PARTNERSHIP		FLOOR DEPARTMENT OF STATE OTHER PARTIES DIVISION OF CORPORATIONS	
DOCUMENT # A93000000816		FILED 99 SEP 20 PM 3:52	
1. Name of Limited Partnership CORAL SPRINGS HOME, LTD		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE			
2. Mailing Address Suite/Apt # etc City & State Zip Country	3. Principal Office Address Suite/Apt # etc City & State Zip Country	4. Date Formed or Registered To Do Business in Florida	8/6/93 Applied For Not Applicable
30050 BIRD ROAD 2ND FLOOR MIAMI, FL 33146 USA	30050 BIRD ROAD 2ND FLOOR MIAMI, FL 33146 USA	5. FEI Number #65-0442363	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SR 7a Additional Fee required for a Certificate of Status
8a. Amount of Capital Contributions \$ 1000	7. State or Country of Formation FL, USA	8b. Amount of Capital Contributions \$ 1000	
9. Name and Address of Current Registered Agent BEACON DEVELOPMENT CORPORATION 30050 BIRD ROAD, 2ND FLOOR MIAMI, FL 33146		10. If changed, new registered office REINSTATEMENT Name Street Address (Post Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code 99-141-25 PR \$8.75 Crt	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 620.192, Florida Statutes.			
10b. (Re)Accepted Agent Accepting Appointment) <i>W.W.</i> DATE			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name of General Partner(s) BEACON DEVELOPMENT COMPANY, LTD	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 901 PONCE DE LEON BLVD., SUITE #501	City, State and Zip Code CORAL GABLES, FL 33134	11a. Registration Document Number #A93000000816
<p>500002996565--9 -09/24/99--01074--002 ****650.00 ****650.00</p>			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this document is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee or employee to execute the signature required by chapter 620, Florida Statutes.			
SIGNATURE <i>W.W.</i>		DATE	
Type or Print Name of General Partner Signing Form		Telephone Number	