

2001 UNIFORM BUSINESS REPORT (UBR)

0004311 AF

DOCUMENT # **A93000001398**

1. Entity Name

CORNERSTONE ELLENTON APARTMENTS, LTD.

FILED

01 FEB -9 AM 11:32

Principal Place of Business

**2121 PONCE DE LEON BLVD., PH 2
CORAL GABLES FL 33134**

Mailing Address

**2121 PONCE DE LEON BLVD., PH 2
CORAL GABLES FL 33134**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0524992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORNERSTONE AFFORDABLE HOUSING, INC.
2121 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street

Suite 3500

City
Miami

FL

Zip Code
33131-2130

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **P93000081647**
NAME **CORNERSTONE AFFORDABLE HOUSING, INC.**
STREET ADDRESS **2121 PONCE DE LEON BLVD., PENTHOUSE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **700003718827--6**
CITY-ST-ZIP **02/19/01-01121-006
****150.00 ****150.00**

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/01 305-442-8288
Date Daytime Phone #

CR2E003 (11/00)