

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001399**

1. Entity Name

ELLENTON HOUSING ASSOCIATES, LTD.

FILED

00 APR -6 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
2121 PONCE DE LEON BLVD.. PENTHOUSE II
CORAL GABLES FL 33134-5224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0454063**

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

7. Name and Address of New Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 S.W. 2ND STREET, SUITE 3600
MIAMI FL 33131-2130

Name

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

City

FL

Zip Code

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.

\$6,170,611.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A93000001398**
NAME **CORNERSTONE ELLENTON APARTMENTS, LTD.**
STREET ADDRESS **3225 AVIATION AVENUE, SUITE 700**
CITY - ST - ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS

CITY - ST - ZIP

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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

02-28-00 (305) 4438288

Date

Daytime Phone #

CR2E003 (9/99)