## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

this annual report is true and accurempowered to execute this

**SIGNATURE** 

OLYMPIA BUILDING PARTNERS, LTD.



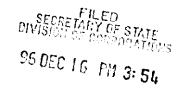
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A9400000092





				CD12/18		
Mailing Address  ** CORNERSTONE AFFORDABLE HOUSING. INC. 2121 PONCE DE LEON BLVD.	Principal Office Address  * CORNERSTONE AFFORDABLE HOUSING, INC. 2121 PONCE DE LEON BLVD. MIAMI FL 33133		<b>3</b>	Date Formed or Registered 01/20/1994	5a. Capital Contributions as Shown on record \$72,289.00	
MIAMI FL 33133				<b>a.</b> Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4	State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6	FEI Number 65-0523595	Applied For Not Applicable	
City & State	City & State		7	■ Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		8	Make check payable to. Dept_of:	Fee Required  State (See reverse side for fee information)	
9. Name and Address of Current F	9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office					
WOLFE, LEON J VALDES-FAULI, COBB, ET AL., S-3400, ONE BISCAYNE TOWER, TWO S. BISCAYNE BLVD. CORAL CABLES FL 33134		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt #, etc.				
		City Zıp Code				
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  SIGNATURE (Registered Agent Accepting Appointment)  DATE  DATE  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	l Partner x Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
CORNERSTONE OLYMPIA, LTD.	2121 PONCE DE LEON BL		CORA	L GABLES FL 33134	A94000001667	
DEEDCO OLYMPIA, INC.	141 NE 3RD AVE., #500		MIAM	FL 33132	P94000087137	
·•				9000021 -12/19 ****5	0338290 /9601047017 76.25 ****576.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. Lob hereby certify that the information supplied with this lying 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 annual report is true and accurage 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 trusted						

CR2E003 (6/96)