

2000 UNIFORM BUSINESS REPORT (UBR)

0004183
A1

DOCUMENT # A94000001619

1. Entity Name
OLYMPIA RESIDENTIAL BUILDING PARTNERS, LTD.

FILED

00 APR -6 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City State

Zip Country **Zip** Country

4. FEI Number 65-0604194 **Applied For**
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOLFE, LEON J ESQ.
C/O BERMAN, WOLFE & RENNERT, P.A.
100 SOUTHEAST SECOND STREET, 38TH FLOOR
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent
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. \$2,696,756.00 **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 #	P94000087137	STREET ADDRESS	
NAME	DEEDCO OLYMPIA, INC.	CITY - ST - ZIP	
STREET ADDRESS	141 N.E. 3RD AVENUE, SUITE 500		
CITY - ST - ZIP	MIAMI FL 33132		
DOCUMENT #	A94000001667	STREET ADDRESS	
NAME	CORNERSTONE OLYMPIA, LTD.	CITY - ST - ZIP	
STREET ADDRESS	3225 AVIATION AVENUE, #700		
CITY - ST - ZIP	COCONUT GROVE FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02-28-00 (205) 4438588

Date Daytime Phone #

CR2E003 (9/99)