DOCUMENT # A9400001619 1. Entity Name] wf	
OLYMPIA RESIDENTIAL BUILDING PARTNERS, LTD.				FILED		
Principal Place of Business Mailing Address				(1 APR -2 AH 11: 42	
2121 PONCE DE LEON BLVD., PENTHOUSE II CORAL GABLES FL 33134		2121 PONCE DE LEON BLVD., PENTHOUSE II CORAL GABLES FL 33134			SECRETARY OF STATE ALLAHASSEE FLORIDA	
Principal Place of Business 3. Mailing Address					- 1 (1861) 15 (1871) (1871) (1871) (1871) (1871) (1871) (1871) (1871) (1871) (1871) (1871) (1871)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0604194 Applied For Not Applied For	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent _			7. Name and Address of New Registered Agent	
WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & RENNERT, P.A. 100 SOUTHEAST SECOND STREET, 38TH FLOOR MIAMI FL 33131-2130				Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Second Street Suite 3500 City		
				Miami		
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 Opening Open						
as Shown on record. \$2,090,700.00 in FLORIDA to date. 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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000087137 DEEDCO OLYMPIA, INC. 141 N.E. 3RD AVENUE, SUITE 501 MIAMI FL 33132	0		i -ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	A94000001667 CORNERSTONE OLYMPIA, LTD.		STRE	ET ADDRESS 21	21 Ponce de Leon Boulevard, PH 2	
CITY-ST-ZIP	3225 AVIATION AVENUE, #700 COCONUT GROVE FL 33133		CITY	-ST-ZIP Co	oral Gables, FL 33134	
DOCUMENT # ' E NAME STREET ADDRESS		 , • • •	STRE	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP			CITY	-ST-ZIP		
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DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT #			STREI	ET ADORESS		
STREET ADDRESS CITY-ST-ZIP			1	ST-ZIP		
14. I hereby certify that the information supplied with this filling 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: SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #						