## A COO COO COMPLETING THIS FORM.

:	LIMITED
ļ	PARTNERSHIP
ı.	REINSTATEMEN



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # A9400001667

1. Name of Limited Partnership

**SIGNATURE** 

Typed or Printed Name of Gen

ner Signing Form

Cornerstone Olympia, Ltd.

## FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Telephone Number

2. Principal Office Address 2121 Ponce de Leon Blvd		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida December 4, 1998				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<b>5.</b> FEI Number 65-0604196 Applied For Not Applicate				
PH II									
City & State		City & State			CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
Coral Gables, Flo	orida -								
Zip 33134	Country	Zip Country			7a. Capital Contributions as shown on Record: \$2,000.00				
33134					7b. Amount of Capital Contributions in FLORIDA to date:				
	8. Name and Address of C	:							
Name DEGISTERED ASONTS OF LOCIDA UC  Street Address (P.O. Box Number is Not Acceptable) LOO SE. SECOND ST.  Suite, Apt. #, Etg. 2900  City Miami State FL 33131					1.) Filing Fee(s): Computed at are of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.				
for the purpose of chan	ging its registered office or registere a, and accept the obligations of sect	nized or registered under the laws of the State of Florida, submits this statement horized by its general partner(s). I hereby accept the appointment of registered  DATE // OF/03							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
10. Name(s) of Ge	eneral Partner(s)	Address of Each (Do NOT Use Post O	General Partner ffice Box Numbers)		City, State and Zip Code	10a.		gistration ment Number	
Cornerstone Affor	rdable Housing, Inc.	2121 Ponce de Leon Blvd, PH II		Cora	al Gables, FL 33134	P93000	)081	647	
Deedco Olympia,	Inc.	141 N.E. 3rd Avenue, Suite 500			5600096~ 12723/0201016 12723/0201016	2049 -P94000 007 *	> }008 ⊯64	<b>37137</b> 41.25	
		1000 mm mm m m m m m m m m m m m m m m m	rotri.	TW.	5000096 5000096 5000096 5000096 5000096	220 -004 }		<del>5</del> .41.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.									
11. I do hereby certify that the information supplied with this filing is Jountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compilance with Section 19.07(3)(i) 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 if am a General Partner of the limited partnership, receiver or									