

Apr. 28, 2004 3:15PM Cornerstone Residential Mgmt. LLC

FILED No. 3680 P. 3/3

FAX AUDIT NUMBER: H04000089099 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF
STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJJM

DOCUMENT # A95000001310

1. Limited Liability Company's Name

Center Court Associates, Ltd.

2. Principal Office Address

2121 Ponce De Leon Blvd.

3. Mailing Office Address

2121 Ponce De Leon Blvd.

Suite, Apt. #, etc.

PH 2

Suite, Apt. #, etc.

PH 2

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

USA

Zip

33134

Country

USA

8. Name and address of New Registered Agent

Name

Registered Agents of Florida, LLC

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

100 SE 2ND Street

Suite, Apt. #, Etc.

Suite 2900

City

Miami

State

FL

Zip Code

33131

4. State/ Country of Formation Florida

5. Date Incorporated or Qualified

To Do Business in Florida

9/01/1995

6. FEI Number

65-0630920

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

If the partnership is required to file annual reports, the certificate of status should be filed with the annual report.

7a. Capital Contributions as shown on Record:

\$6,220,000

7b. Amount of Capital Contributions in FLORIDA to date:

\$6,220,000

FEES:

1.) Filing Fee(s): Computed at a rate 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): \$68.75 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.

9. 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 of
Registered Agent

Howard J. Vogel, VP

Date 4-30-04

REGISTERED AGENT MUST SIGN

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 General Partner

Addresses of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

Deedco Center Court, Inc.

141 N.E. 3RD Avenue, Suite 3500

Miami, Florida 33132

P96000000527

Cornerstone Center Court, Ltd.

2121 Ponce De Leon Blvd., PH2

Coral Gables, FL
33134

A04000000699

10. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(D) 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 accurate, and my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Signature of Managing
Member/Manager

Mara Madcs,

Authorized Representative

305-443-8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER

Date

Daytime Phone #

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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(((H04000089099 3)))

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

LIMITED PARTNERSHIP REINSTATEMENT**CENTER COURT ASSOCIATES, LTD.**

Certificate of Status	0
Certified Copy	0
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