

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 11 AM 7:37

1. Name of Limited Partnership	1a. DOCUMENT # A95000001533
CORNERSTONE PARK VIEW, LTD.	



Mailing Address 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	Principal Office Address 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	3. Date Formed or Registered 10/12/1995	5a. Capital Contributions as Shown on record \$1,000.00 ✓
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 02/09/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number APPLIED FOR (see attached) <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & RENNERT, P.A. 100 SOUTHEAST 2ND STREET, #3500 MIAMI FL 33131-2130	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 600002116146 - 2 Suite, Apt. #, etc. 03718797-01063-005 City MIAMI Zip Code FL 33156
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MP 3/12

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

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CORNERSTONE AFFORDABLE HOUSI	2121 PONCE DE LEON BL	CORAL GABLES FL 33134	P93000081647 ✓

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do 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)(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 accurate 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

3/3/97

Typed or Printed Name of General Partner Signing Form

Jorge Lopez

Daytime Telephone Number

305-443-8288

CR2E003 (11/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN _____
 OMB No. 1545-0003
 Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Cornerstone Parkview, Ltd.		
2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) 2121 Ponce de Leon Blvd., Suite 650	5a Business address, if different from address in lines 4a and 4b	
4b City, state, and ZIP code Coral Gables, FL 33134	5b City, state, and ZIP code	
6 County and state where principal business is located Dade County, Florida		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <u>266-71-5382</u> Jorge Lopez		

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN _____	<input checked="" type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify) _____	<input type="checkbox"/> Other corporation (specify) _____	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> (enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State _____ Foreign country _____

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ <u>Real Estate</u>	<input type="checkbox"/> Changed type of organization (specify) ▶ _____
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Created a trust (specify) ▶ _____
<input type="checkbox"/> Banking purpose (specify) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.) 10/12/95 11 Enter closing month of accounting year. (See instructions.) 12/96

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ n/a

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ Real Estate Development

15 Is the principal business activity manufacturing? Yes No
 If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) N/A
 Public (retail) Other (specify) ▶ _____

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
 Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ _____	Trade name ▶ _____
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) _____	City and state where filed _____	Previous EIN <u>1</u>
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ <u>Jorge Lopez, Partner</u>	Business telephone number (include area code) <u>(305) 443-8288</u>
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Signature ▶  Date ▶ 03/03/97

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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