PLEASE READ	ALL INSTRUCTIONS BEFOR	E COMPLETING THIS FORM.		
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	TE ASSESSES AND SELECTION OF SE	<b>)</b>	
DOCUMENT # A9600000  1. Name of Limited Partnership  CORNERSTONE CENTER		1) The Capital		
2. Principal Office Address 2121 Ponce de Leon Blvd.	3. Mailing Office Address 2121 Ponce de Leon Blvd.	4. Date Formed or Registered To Do Business in Florida 08-06-1996		
Suite, Apt. #, etc. Penthouse II	Suite, Apt. #, etc. Penthouse II	5. FEI Number Applied F 65-0688291 Not Applie		
City & State Coral Gables, FL	City & State Coral Gables, FL	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee re for a Certificate of St		
Zip Country 33134 USA	Zip Country USA	7a. Capital Contributions as shown on Record: \$1,000.00	)	
	of Current Registered Agent	<b>7b.</b> Amount of Capital Contributions in FLORIDA to date: \$1,000.00		
B&C Corporate Services of Central Florida, Inc.  reet Address (P.O. Box Number is Not Acceptable) 390 North Orange Avenue  uite, Apt. #, Etc.  Suite 1100  State   State   32801		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): \$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.		
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, a machinized with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  DATE				
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(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code 10a. Registration Document Numb	er	
Cornerstone Affordable Housing II, Inc.	2121 Ponce de Leon Blvd., Penthouse II	Coral Gables, FL 33134 P95000067880		
800057759058 07/21/0501057009 **3206.25				
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 filling is voluntarily 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-compliance with Section 119.07(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 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 effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership, receiver or trustee empowered to effect the second partner of the limited partnership.				