2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002039

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
VILLA ESPERANZA ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD.. PENTHOUSE II CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD.. PENTHOUSE II CORAL GABLES FL 33134-5224

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0793762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, LEON J ESQ. % BERMAN, WOLFE & RENNERT, P.A. 35TH FL., INTL. PLZ., 100 S.E. 2ND ST. MIAMI FL 33131-2130	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

9. Capital Contributions as Shown on record.	$4,457,010.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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 #	P97000081418	STREET ADDRESS	
NAME	CORNERSTONE VILLA ESPERANZA, INC.		
STREET ADDRESS	2121 PONCE DE LEON BLVD., #650	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #	P98000035956	STREET ADDRESS	000003217020--1
NAME	VILLA ESPERANZA APARTMENTS, INC.		~~-04/20/00--01080--024~~
STREET ADDRESS	490 OPA LOCKA BLVD.,SUITE 20	CITY-ST-ZIP	****535.00 ****535.00
CITY-ST-ZIP	OPA LOCKA FL 33054		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 REQUIRED 02-28-00 (305) 4438088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #