2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED
2004 DEC 30 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000181

1. Entity Name
CROSSINGS AT UNIVERSITY ASSOCIATES, LTD.

10292004 REIN-LP CR2E100 (6/04)

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

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 65-0833738 ☐ 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
REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET SUITE 2900 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ Howard J. Vogel, Vice President 12/29/04
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. $7,570,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P98000004649	STREET ADDRESS	
NAME	CORNERSTONE CROSSINGS AT UNIVERSITY, INC.		
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 650	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL 33134		
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REINSTATEMENT 04

STAPLE CHECK HERE

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: ________ Leon J. Wolfe 12/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #