
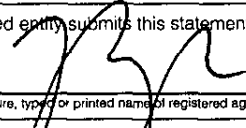
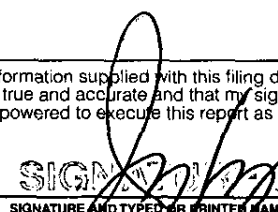


2001 UNIFORM BUSINESS REPORT (UBR)

0004203 AF

DOCUMENT # A98000002545				<div style="text-align: center;"> FILED </div> <div style="text-align: center;"> 01 JAN 29 AM 10:59 </div> <div style="text-align: center;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> 	
Entity Name SABAL CHASE ASSOCIATES, LTD.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE PH2 CORAL GABLES FL 33134		Mailing Address 2121 PONCE DE LEON BLVD., SUITE PH2 CORAL GABLES FL 33134			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0875923	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KLEIN, SHAMIRA ESQ. 100 SOUTHEAST SECOND STREET, SUITE 3500 MIAMI FL 33131-2130				Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Second Street Suite 3500 City Miami FL Zip Code 33131-2130	
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  V.P. 1/27/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Capital Contributions as Shown on record \$6,539,000.00		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 # L99000008166 NAME CORNERSTONE SABAL ASSOCIATES, L.L.C. STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE PH2 CITY-ST-ZIP CORAL GABLES FL 33134			STREET ADDRESS 300003661233--8 CITY-ST-ZIP -02/08/01--01034--001 ****535.00 ****535.00		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 1/11/01 305-443-8288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date Daytime Phone #</small>					

CR2E003 (11/00)