

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A99000001125			
1. Name of Limited Partnership MARBRISA ASSOCIATES, LTD.			
2. Principal Office Address - No P.O. Box # 2100 Hollywood Boulevard		3. Mailing Office Address 2100 Hollywood Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country US	Zip 33020	Country US
8. Name and Address of Current Registered Agent			
Name Registered Agents of Florida, LLC			
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street			
Suite, Apt. #, Etc. Suite 2900			
City Miami		State FL	Zip Code 33131
9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) <i>Chad Renf</i> DATE <i>12/16/09</i> <small>(REGISTERED AGENT MUST SIGN)</small>			
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) CORNERSTONE MARBRISA, L.L.C.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2100 Hollywood Blvd.	City, State and Zip Code Hollywood, FL 33020
10a. Registration Document Number L99000004183			
REINSTATEMENT 09			
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 filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 <i>JL</i> DATE _____			
<small>Typed or Printed Name of General Partner Signing Form</small> Jorge Lopez <small>Telephone Number</small> _____			