

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

CRM 0026100

DOCUMENT # A99000001226



FILED
03 MAR 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
CORNERSTONE/FOUNTAIN LAKE, LTD.

Principal Place of Business
6845 ELM ST., THE PENTHOUSE
MCLEAN VA 22101

Mailing Address
P.O. BOX 8345
MCLEAN VA 22106

MJH



2. Principal Place of Business

3. Mailing Address

3/10

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-1951812

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CAREY, O'MALLEY, WHITAKER & MANSON, P.A.
712 S. OREGON AVENUE
TAMPA FL 33606

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,050,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P99000066997
NAME FOUNTAIN LAKE, INC.
STREET ADDRESS P.O. BOX 8345
CITY-ST-ZIP MCLEAN VA 22106

STREET ADDRESS

CITY-ST-ZIP

800013733668
03/10/03 01075 000 **526.25

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STREET ADDRESS

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/4/03
Date

703.827.8690
Daytime Phone #

CR2E003 (1/0/02)