

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000008166

1. Entity Name  
CORNERSTONE SABAL ASSOCIATES, L.L.C.

**FILED**

01 JAN 22 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2121 PONCE DE LEON BLVD., PH2  
CORAL GABLES FL 33134

Mailing Address  
2121 PONCE DE LEON BLVD., PH2  
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 65-0966104

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, LEON J ESQ.  
BERMAN WOLFE RENNERT VOGEL & MANDLER  
100 SOUTHEAST SECOND ST., 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   
Signature, typed or printed name of registered agent and title if applicable.

V.P.

(NOTE: Registered Agent signature required when reinstating)

1/18/01

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

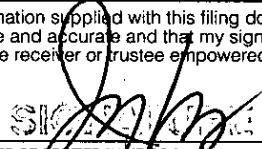
10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYERS, STUART I 2121 PONCE DE LEON BLVD., PH2 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, JORGE 2121 PONCE DE LEON BLVD., PH2 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003576266--9 -01/26/01--01044--002 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/01 805-448-8288

CR2E083 (11/00)