

2021 UNIFORM BUSINESS REPORT (UBR)

0004229

DOCUMENT # A00000001500

1. Entity Name

SAN MARINO II ASSOCIATES, LTD.

FILED
01 JAN 19 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address 2121 PONCE DE LEON BOULEVARD, PH2
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
05-104 3737

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, LEON J ESQ.
% BERMAN WOLFE RENNERT VOGEL & MANDLER PA
100 SOUTHEAST SECOND STREET SUITE 3500
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

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]* DATE 1/18/21

9. Capital Contributions as Shown on record. \$1,000.00

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 #	L00000011838
NAME	CORNERSTONE SAN MARINO II, L.L.C.
STREET ADDRESS	2121 PONCE DE LEON BLVD, PH2
CITY-ST-ZIP	CORAL GABLES FL 33134
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****150.00 ****150.00

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)