

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A01000000429

1. Name of Limited Partnership

TUSCANY PLACE ASSOCIATES, LTD.

2. Principal Office Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

PH2

City & State

Coral Gables, Florida

Zip

33134

Country

US

3. Mailing Office Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

PH2

City & State

Coral Gables, Florida

Zip

33134

Country

US

4. Date Formed or Registered
To Do Business in Florida

03/28/2001

5. FEI Number

65-1148697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee**

7a. Capital Contributions as shown on Record:

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name

Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 Southeast Second Street

Suite, Apt. #, Etc.

Suite 2900

City

Miami

State

FL

Zip Code

33131

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.194, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Howard J. Vogel, VP

DATE

12/29/04

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 Tuscany Place,
L.L.C.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2121 Ponce de Leon
Blvd., PH2

City, State and Zip Code

Coral Gables, FL 33134

10a. Registration
Document Number

L01000004860

000045890990

02/03/05--01006--002 **1026.25

REINSTATEMENT 04

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Leon J. Wolfe

DATE

12/29/04

Type or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (10/02)