

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001561 AV

| | |
|---|---|
| DOCUMENT # A01000000139 1. Entity Name BEAR LAKES ACQUISITION, LTD. |  |
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FILED

03 JAN 28 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 2121 PONCE DE LEON BLVD. PH CORAL GABLES FL 33134 | Mailing Address 2121 PONCE DE LEON BLVD. PH CORAL GABLES FL 33134 |
|---|---|



| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|---------------------------------|--|
| DUE BY MAY 1, 2003 | |
| 4. FEI Number 65-1074284 | Applied For <input type="checkbox"/> Not Applicable |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent |
| REGISTERED AGENTS OF FLORIDA LLC 100 SOUTHEAST SECOND STREET SUITE 3500 2900 MIAMI FL 33131 |

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|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| 700011132687 01/28/03--01057--012 **150.00 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. | |

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| 9. Capital Contributions as Shown on record. \$1,000.00 |
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|--|
| 10. Amount of Capital Contributions in FLORIDA to date. |
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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 |
|----------------|------------------------------|
| DOCUMENT # | L01000001324 |
| NAME | CORNERSTONE BLA, LLC |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD., PH |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. | ADDRESS CHANGES ONLY |
|----------------|----------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

THOMAS

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

Date _____ Daytime Phone # _____

CR2E003 (10/02)