

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011878

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: CORNERSTONE ALTAMIRA, L.L.C.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD,  
PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD,  
PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1043727      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 331312130 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STUART I. MEYERS FAM, ILY PARTNERSHI P , LTD.  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: JL HOLDING CORP.,  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: M3, INC.,  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: MSM, INC.,  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEON J. WOLFE

P

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date