2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# L00000011878

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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 Chapter 119, 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 AR 07/20/2006

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