

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000011455

FILED  
Jul 07, 2003  
Secretary of State

Entity Name: CORNERSTONE HIBISCUS POINTE, 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: 01-0570254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST 2ND STREET  
SUITE 3500  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST 2ND STREET  
SUITE 2900  
MIAMI, FL 33131 US

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: CHARLES J. RENNERT

07/07/2003

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: LOPEZ, JORGE  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: MADES, MARA S  
Address: 2121 PONCE DE LEON BLVD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: MGRM ( ) Change (X) Addition  
Name: WOLFE, LEON J  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134 US

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

MGRM

07/07/2003

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