

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020772

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** CORNERSTONE EAGLE POINTE, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2100 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

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

**New Mailing Address:**

2100 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

**FEI Number:** 01-6185285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLFE, LEON J  
2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134 US

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

WOLFE, LEON J  
2100 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 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: WOLFE

04/29/2010

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MSM, INC.  
Address: 2100 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM  
Name: STUART I. MEYERS FAMILY PARTNERSHIP, LTD.  
Address: 2100 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM  
Name: JL HOLDING CORP.  
Address: 2100 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM  
Name: M3, INC.  
Address: 2100 HOLLYWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby 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: LOPEZ

P

04/29/2010

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