

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020896

FILED  
Sep 15, 2008  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

FEI Number: 20-2454209      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 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131 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: JL HOLDING CORP.,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134 US

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 US

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

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

**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 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

09/15/2008

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