


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90033 003 \*\*\*\*55.00

<b>DOCUMENT # L05000050986</b>			
1. Entity Name <b>CORNERSTONE MIAMI LLC</b>			
Principal Place of Business <b>2003 N. MIAMI AVENUE, APT. 9 MIAMI, FL 33127</b>		Mailing Address <b>2003 N. MIAMI AVENUE, APT. 9 MIAMI, FL 33127</b>	
2. Principal Place of Business <b>2013 N. MIAMI AVE.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33127</b>	Country <b>US</b>	Zip	Country
4. FEI Number <b>75-3191943</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
<b>FL</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISS, JOSHUA M 2003 N. MIAMI AVENUE, APT. 9 MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAVARRO, HERNAN ANDRID 2003 N. MIAMI AVE # 8 MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Joshua M Weiss</i>		Date: <i>May 1, 2006</i> 786 426 9642	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	



04052006 Chg-LLC CR2E083 (11/05)