



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90035 026 \*\*\*\*50.00

<b>DOCUMENT # L05000062765</b> 1. Entity Name <b>CORNERSTONE CHURCH DESIGN, LLC</b>					
Principal Place of Business <b>2872 EGRET COURT NORTH PORT, FL 34287</b>			Mailing Address <b>2872 EGRET COURT NORTH PORT, FL 34287</b>		
2. Principal Place of Business <b>2808 Meridian Pt. Ln.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2808 Meridian Point Lane</b> Suite, Apt. #, etc.			
City & State <b>Lakeland, FL</b> Zip <b>33812</b> Country <b>USA</b>		City & State <b>Lakeland, FL</b> Zip <b>33812</b> Country <b>USA</b>		4. FEI Number <b>203 04 7441</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				08292006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>BORNMAN, SCOTT 2872 EGRET COURT NORTH PORT, FL 34287</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 <u>SCOTT BORNMAN MANAGING MEMBER</u> <u>8/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BORNMAN, SCOTT 2872 EGRET COURT NORTH PORT, FL 34287</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2808 Meridian Point Lane Lakeland, FL 33812</b> <input checked="" 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	
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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: [Signature]