

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000121026

**Entity Name:** CORNERSTONE CAPTIVA COVE II , L.L.C.

**Current Principal Place of Business:**

2100 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2100 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 US

**FEI Number: 26-1565690**

**Certificate of Status Desired: No**

**Name and Address of Current 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: LEON WOLFE**

**03/25/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LOPEZ, JORGE TBE  
Address 2100 HOLLYWOOD BOULEVARD  
City-State-Zip: HOLLYWOOD FL 33020

Title MGRM  
Name LOPEZ, AWILDA TBE  
Address 2100 HOLLYWOOD BOULEVARD  
City-State-Zip: HOLLYWOOD FL 33020

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

Title MGRM  
Name M3 ASSETS, LLC  
Address 2100 HOLLYWOOD BOULEVARD  
City-State-Zip: HOLLYWOOD FL 33020

Title MGRM  
Name M.S. MADES FAMILY LIMITED PARTNERSHIP  
Address 2100 HOLLYWOOD BOULEVARD  
City-State-Zip: HOLLYWOOD FL 33020

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LEON J. WOLFE**

**MGRM**

**03/25/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date