2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 27, 2007 08:00 AM Secretary of State

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1. Entity Name CORNERSTONE RSB, LLLP



Principal Place of Business

550 BILTMORE WAY, SUITE 1110 COR GABLES, FL 33134

Mailing Address

550 BILTMORE WAY, SUITE 1110 COR GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

04032007 No Chg-LP

CR2E003 (12/06)

Applied For 4. FEI Number 20-3450699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, ROSA ECKSTEIN 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134

DO NOT WRITE

		IN THIS SPACE
	named entity submits this statement for the purpose of changing its regisions of registered agent.	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or profed name of registered agent and title it applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. brm; an amendment must be filed to change a general partner.
DOCUMENT / NAME STREET ADDRESS	GENERAL PARTNER INFORMATION L05000084546 CORNERSTONE GP, LLC 550 BILTMORE WAY, SUITE 1110	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLES, FL 33134	U00000739395 05/14/07-80025-016 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS		

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

Rosa E. Schechter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(305) 461-2440

Daytime Phone #