

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001656

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



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3450699

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
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**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L05000084546
NAME CORNERSTONE GP, LLC
STREET ADDRESS 550 BILTMORE WAY, SUITE 1110
CITY-ST-ZIP CORAL GABLES, FL 33134

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000938767
05/27/08-80102-024 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Rosa Schechter

4-22-08 (305) 461-2440

Date

Daytime Phone