


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009360		
<small>1. Entity Name</small> CORNERSTONE PROCESSING ALLIANCE, LLC		
<small>Principal Place of Business</small> 11358 OKEECHOBEE BLVD., SUITE C ROYAL PALM BEACH, FL 33411	<small>Mailing Address</small> 11358 OKEECHOBEE BLVD., SUITE C ROYAL PALM BEACH, FL 33411	
DO NOT WRITE IN THIS SPACE		
<small>01242006 No Chg-LLC</small>		<small>CR2E083 (11/05)</small>
<small>4. FEI Number</small> 52-2255038		<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		\$5.00 <small>Additional Fee Required</small>
<small>6. Name and Address of Current Registered Agent</small>		
FAREMOUTH, CHARLES 11358 OKEECHOBEE BLVD., SUITE C ROYAL PALM BEACH, FL 33411		DO NOT WRITE IN THIS SPACE
<small>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 except the obligations of registered agent.</small>		
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> <small>DATE</small> _____		
Filing Fee is \$50.00 Due by May 1, 2006		
<small>9. MANAGING MEMBERS/MANAGERS</small>		
<small>TITLE</small>	MGR	DO NOT WRITE IN THIS SPACE
<small>NAME</small>	FAREMOUTH, CHARLES	
<small>STREET ADDRESS</small>	250 LAS PALMAS ST	
<small>CITY-ST-ZIP</small>	ROYAL PALM BEACH, FL 33411	
<small>TITLE</small>	MGR	
<small>NAME</small>	WEBB, GARY L	
<small>STREET ADDRESS</small>	112 N. LAKESHORE DR.	DO NOT WRITE IN THIS SPACE
<small>CITY-ST-ZIP</small>	HYPOLUXO, FL 33462	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		DO NOT WRITE IN THIS SPACE
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<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>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.</small>		
SIGNATURE: <u><i>Gary L Webb</i></u>		4/27/06 (561) 791-8300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>