LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
03-21-2003 90029 016 ****50.00

55022067

DOCUMENT # L01000008651

1. Entity Name

TITLECORP OF FLORIDA/CORNERSTONE REAL ESTATE INVESTMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
398 FREEMAN ST.	398 FREEMAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood Florida	City & State: Longwood FL.
Zip: 32750 Country: Seminole	Zip: 32750 Country: Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3719515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert W. Archie

Street Address (P.O. Box Number is Not Acceptable): 398 FREEMAN ST.

City: Longwood FL Zip Code: 32750

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 _____ 3/18/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Robert W. Archie / Titlecorp of Florida 398 Freeman St. Longwood, FL. 32750 MGRM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Cornerstone Real Estate Inv. 250 Wilshire Blvd #110 Casselberry, FL. 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/18/03 4076097070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #