

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0015499

DOCUMENT # L01000011532

1. Entity Name

CORNERSTONE CAPTIVA CLUB, L.L.C.



FILED

03 JAN 22 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1123055

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST 2ND STREET SUITE 2900  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME STUART I. MEYERS FAMILY PARTNERSHIP, LTD.  
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM ☒ Delete  
NAME LOPEZ, JORGE  
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400010418194  
01/22/03--01049--004 \*\*\$5.00

TITLE MGRM ☒ Change ☐ Addition  
NAME P96000072584  
STREET ADDRESS JL Holding Corp.  
CITY-ST-ZIP 2121 Ponce de Leon Blvd, PH  
CORAL GABLES, FL 33134

TITLE MGRM ☐ Change ☒ Addition  
NAME P02000011767  
STREET ADDRESS M3, Inc.  
CITY-ST-ZIP 2121 Ponce de Leon Blvd, PH  
CORAL GABLES, FL 33134

TITLE MGRM ☐ Change ☒ Addition  
NAME P02000011765  
STREET ADDRESS MSM, Inc.  
CITY-ST-ZIP 2121 Ponce de Leon Blvd, PH  
CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)