2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013301

Address:

City-St-Zip:

Entity Name: CORNERSTONE PROPERTIES, LLC

FILED Sep 06, 2006 Secretary of State

BIRMINGHAM TOWERS, 2100 WHARTON STREET

PITTSBURGH, PA 15203

Current Principal Place of Business: New Principal Place of Business: 13801 N. DALE MABRY SUITE 200 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 13801 N. DALE MABRY ONE ARMSTRONG PLACE SUITE 200 BUTLER, PA 16001 TAMPA, FL 33618 FEI Number: 59-3746095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **CSC NETWORKS** NRAI SERVICES, INC 1201 HAYS STREET 2731 EXECUTIVE PARK DRIVE SUITE 4 TALLAHASSEE, FL 323012607 US WESTON, FL 33331 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. SIGNATURE: MAGGIE FERDINAND 09/06/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition AG ARMSTONG DEVELOPM, ENT, LLC AG ARMSTRONG DEVELOP, MENT, LLC Name: Name: Address: 13801 N DALE MABRY HWY SUITE 200 Address: 13801 N DALE MABRY HWY SUITE 200 City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: MGR () Change (X) Addition Name: Name: JAMIESON, DAVID R Address: Address: ONE ARMSTRONG PLACE City-St-Zip: City-St-Zip: BUTLER, PA 16001 Title: () Delete Title: MGR () Change (X) Addition GOINS, ALLEN Name: Name: 13801 N. DALE MABRY HWY., SUITE 200 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: MGR () Change (X) Addition Name: Name: BALDWIN, W. GREGG

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: DAVID R. JAMIESON MGR 09/06/2006