2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# L01000021495

Entity Name: CORNERSTONE GROVE, LLC

Current Principal Place of Business:

6330 RIVERSIDE
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

C/O DAROL H. M. CARR, ESQ.
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 339511447

New Mailing Address:

C/O DAROL H. M. CARR, ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 65-1159075 **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:

CARR, DAROL H ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WINSLOW, GEORGE
Address: PO BOX 51-2116
City-St-Zip: PUNTA GORDA, FL 339512116

Title: MGR ( ) Delete
Name: CARR, DAROL H M
Address: 6330 RIVERSIDE DRIVE
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DAROL H. M. CARR MGR 05/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date