

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004456

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: CORNERSTONE INVESTMENT GROUP, LLC

## Current Principal Place of Business:

1160 SOUTH ROGERS CIRCLE  
SUITE 2  
BOCA RATON, FL 33487

## New Principal Place of Business:

1141 SOUTH ROGERS CIRCLE  
SUITE 3  
BOCA RATON, FL 33487

## Current Mailing Address:

1160 SOUTH ROGERS CIRCLE  
SUITE 2  
BOCA RATON, FL 33487

## New Mailing Address:

1141 SOUTH ROGERS CIRCLE  
SUITE 3  
BOCA RATON, FL 33487

FEI Number: 04-3609686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUNSDORF, ADAM P  
1160 SOUTH ROGERS CIRCLE  
SUITE 2  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

RUNSDORF, ADAM P  
1141 SOUTH ROGERS CIRCLE  
SUITE 3  
BOCA RATON, FL 33487 US

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:

01/04/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RUNSDORF, ADAM P  
Address: 1160 SOUTH ROGERS CIRCLE, SUITE 2  
City-St-Zip: BOCA RATON, FL 33487 FL

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RUNSDORF, ADAM P  
Address: 1141 SOUTH ROGERS CIRCLE, SUITE 3  
City-St-Zip: BOCA RATON, FL 33487 FL

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

SIGNATURE: ADAM RUNSDORF

MGMR

01/04/2008

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