

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017727

FILED
Feb 11, 2004
Secretary of State

Entity Name: CORNERSTONE BONITA POINTE, L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 03-0471627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREET, SUITE 3500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREET, SUITE 2900
MIAMI, FL 33131 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: CHARLES J. RENNERT

02/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JL HOLDING CORP,
Address: 2121 PONCE DE LEON BLVD PH
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: STUART MEYERS FAMILY, PARTNERSHIP
Address: 2121 PONCE DE LEON BLVD PH
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: M3 INC,
Address: 2121 PONCE DE LEON BLVD PH
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: MSM INC,
Address: 2121 PONCE DE LEON BLVD PH
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

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: LEON J. WOLFE

P

02/11/2004

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