2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000017740

Name:

Address:

City-St-Zip:

Entity Name: CORNERSTONE VILLA CAPRI, L.L.C.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 FEI Number: 65-0932748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REGISTERED AGENTS OF FLORIDA, LLC REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND ST., STE. 3500 100 SE 2ND STREET MIAMI, FL 33131 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 04/30/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Delete MGRM () Change (X) Addition Name: Name: MSM_INC Address: Address: 2121 PONCE DE LEON BLVD., PH2 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: JL HOLDING CORP., Address: Address: 2121 PONCE DE LEON BLVD., PH2 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 US Title: () Delete Title: MGRM () Change (X) Addition STUART I MEYERS FAMI, LY PARTNERSHIP, LTD. Name: Name: Address: Address: 2121 PONCE DE LEON BLVD., PH2 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 US () Change (X) Addition Title: () Delete Title: MGRM

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.

Name:

Address:

City-St-Zip:

M3. INC..

2121 PONCE DE LEON BLVD., PH2

CORAL GABLES, FL 33134 US

SIGNATURE: STUART I. MEYERS CH 04/30/2003