

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90004 038 \*\*\*\*55.00

**DOCUMENT # L02000018634**  
1. Entity Name  
**CORNERSTONE HOMES, LLC**



Principal Place of Business  
**17 EAST GATE LANE  
PALM COAST FL 32164-6126**

Mailing Address  
**17 EAST GATE LANE  
PALM COAST FL 32164-6126**



2. Principal Place of Business  
**1800 Old Moody Blvd.**

3. Mailing Address  
**No change**

Suite, Apt. #, etc.  
**# 929**

City & State  
**Bunnell, FL**

City & State

Zip  
**32110**

Country  
**US**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**51-0415536**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FRIEBIS, DANIEL S**  
**3890 TURTLE CREEK DRIVE, STE. B-1**  
**PORT ORANGE FL 32127**

**7. Name and Address of New Registered Agent**

Name  
**No change**

Street Address (P.O. Box Number is Not Acceptable)

City  
**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MICHAELS, TIMOTHY C</b> <b>17 EAST GATE LANE</b> <b>PALM COAST FL 32164-6126</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michaels, Marianne</b> <b>17 Eastgate Lane</b> <b>Palm Coast, FL 32164</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** *[Signature]* **SIGNATURE REQUIRED** **3/4/03** **386-586-5548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)