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

DOCUMENT # L02000019596  1. Entity Name CORNERSTONE GROUP HOLDINGS, L.L.C.						FILED 03 JAN 16 AHII: 09			
Principal Place of Business 2121 PONCE DE LEON BLVD PH 2 CORAL GABLES FL 33134			Mailing Address 2121 PONCE DE LEON BLVD PH 2 CORAL GABLES FL 33134			SECRETARY OF STATE TALEAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite; Apt. #, etc.	Suite; Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Nur	4. FEI Number		Applied For Not Applicable	
Zip Country		Zip	Zip Coun		5. Certifica	ate of Status Desired \$5.00 Additional Fee Required		lditional	
DEA	6. Name and Address of Curre			Name	7. Name a	nd Address of New Regi			
100	ISTERED AGENTS OF FLORIDA SE 2ND STREET, SUITE <del>3500-</del> AI FL 33131			Street Address (P.O. Box Number is Not Acceptable)  2.11.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					- -
the obligati	named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered age				istered agent, or k	poth, in the State of Florida	FL Zip Coc		-
		FILE N Make Check Payat	IOW!!! F	EE IS \$50.0	00				
9.	MANAGING MEM	MANAGING MEMBERS/MANAGERS			ADDITIONS/CHANGES  P96000072584  JL Holding Corp. 2121 Ponce de Leon Blvd, PH Coral Gables, FL 33134				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP									CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete		A00 Stua 212	G LM 000001423 art I Meyers Fam 1 Ponce de Leor al Gables, FL 33	illy Partnership Lt	☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			YMGRM Change Addit P02000011767 M3, Inc. 2121 Ponce de Leon Bivd, PH Coral Gables, FL 33134				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS 2	P02000011765 MSM, Inc. 2 2121 Ponce de L Coral Gábles, FL		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. A	☐ Celete	CITY-S			M THOMAS	☐ Change	☐ Addition	
	PRE:  SIGNATURE AND TYPES OR PRINTED NAME	OF THE REQUI	report as r	egal effect as lequired by Cha	if made under oat apter 608, Florida		her certify that the in member or manage Daylime Phone #	ormation of the	