LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State
05-09-2003 90055 007 ****50.00

DOCUMENT # L02000033090

1. Entity Name

CORNERSTONE PROPERTIES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
324 W. Oakland AV	P.O. Box 783302
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland, Florida	City & State: Winter Garden, Florida
Zip: 34760 Country: Orange	Zip: 34778 Country: Orange

44004864
DO NOT WRITE IN THIS SPACE

4. FEI Number: 74-3076827 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter Zakhary

Street Address (P.O. Box Number is Not Acceptable): 3740 Fallscrest cir.

City: Clermont FL Zip Code: 34711

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: Peter ZAKHARY 2/14/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Partner President
NAME	Daniel Flannery
STREET ADDRESS	3834 Fallscrest cir
CITY-ST-ZIP	Clermont, FL 34711
TITLE	Partner vice president
NAME	Peter zakhary
STREET ADDRESS	3740 Fallscrest cir
CITY-ST-ZIP	Clermont, FL 34711
TITLE	
NAME	
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CR2E083B (12/02)

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: Daniel Flannery 2-11-03 407-466-5519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #