

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005027						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">04 OCT 18 AM 10:47</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>					
1. Entity Name CORNERSTONE CONSTRUCTION OF NORTHWEST FLORIDA, LLC				Principal Place of Business 2569 MCKINNON BRIDGE ROAD PONCE DE LEON, FL 32455				Mailing Address 2569 MCKINNON BRIDGE ROAD PONCE DE LEON, FL 32455			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				07052004 Chg-LLC CR2E083 (10/03)			
City & State				City & State				4. FEI Number 02-0686210		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BUTLER, ROBERT L 2569 MCKINNON BRIDGE ROAD PONCE DE LEON, FL 32455						7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____											
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State							
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES					
TITLE <i>Managing Member</i> <input type="checkbox"/> Delete NAME <i>Robert Butler</i> STREET ADDRESS <i>2569 McKinnon Br Rd</i> CITY-ST-ZIP <i>Ponce de Leon FL 32455</i>						<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041951566 10/18/04--01090--014 **\$55.00					
TITLE <i>Managing Member</i> <input type="checkbox"/> Delete NAME <i>Alicia Butler</i> STREET ADDRESS <i>2569 McKinnon Br. Rd.</i> CITY-ST-ZIP <i>Ponce de Leon, FL 32455</i>						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">2004</div>											
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: <i>Alicia Butler member</i>						<i>Alicia Butler</i> 10-13-04 (850) 951-0699					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #											