

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005027

FILED
Sep 06, 2007
Secretary of State

Entity Name: CORNERSTONE CONSTRUCTION OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

2569 MCKINNON BRIDGE ROAD
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

2569 MCKINNON BRIDGE ROAD
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 02-0686210 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUTLER, ALICIA L
2569 MCKINNON BRIDGE ROAD
PONCE DE LEON, FL 32455 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUTLER, ALICIA L
Address: 2569 MCKINNON BRIDGE ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM () Delete
Name: BUTLER, ALICIA
Address: 2569 MCKINNON BRIDGE ROAD
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BUTLER, ROBERT L
Address: 2569 MCKINNON BRIDGE ROAD
City-St-Zip: PONCE DE LEON, FL 32455

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ALICIA BUTLER

MEM

09/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date