

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000011476

FILED
Dec 22, 2004
Secretary of State

Entity Name: CORNERSTONE NORTHSIDE, L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., PH2
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., PH2
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREET, STE. 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JL HOLDING CORP.,
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Change (X) Addition
Name: STUART I. MEYERS FAM, ILY PARTNERSHI P, LTD.
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Change (X) Addition
Name: M3, INC.,
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Change (X) Addition
Name: MSM, INC.,
Address: 2121 PONCE DE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEON J. WOLFE

P

12/22/2004

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