

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

05 JUL 15 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000020948

1. Entity Name
CORNERSTONE DEVELOPMENT OF LAKE COUNTY,
L.L.C.



Principal Place of Business
1316 BOWMAN STREET
CLERMONT, FL 34711

Mailing Address
1316 BOWMAN STREET
CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

04082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUTHARD, SAMUEL T
1316 BOWMAN STREET
CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOUTHARD, SAMUEL T 1316 BOWMAN STREET CLERMONT, FL 34711
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*MS
7/15*

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Samuel T. Southard

4-28-05

Date

352 243-2828

Daytime Phone #