

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

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



04232008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHARD, SAMUEL T 1316 BOWMAN STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE GRACE FAMILY TRUST 3435 HILLSIDE DR NE LANESVILLE, IN 47136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE HEARNS FAMILY TRUST 1868 SE 85TH STREET RD. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000935827  
 05/23/08-80087-019-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Samuel T. Southard Date: 4-24-08 Daytime Phone #: 352-243-2828