

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020948

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

1316 BOWMAN STREET
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1316 BOWMAN STREET
CLERMONT, FL 34711

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHARD, SAMUEL T
1316 BOWMAN STREET
CLERMONT, FL 34711 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/MANAGERS:

Title: MGR () Delete
Name: SOUTHARD, SAMUEL T
Address: 1316 BOWMAN STREET
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: THE GRACE FAMILY TRUST
Address: 3435 HILLSIDE DR NE
City-St-Zip: LANESVILLE, IN 47136

Title: MGRM () Delete
Name: THE HEARNS FAMILY TRUST
Address: 1868 SE 85TH STREET RD.
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES:

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

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

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

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: SAMUEL T. SOUTHARD

MGR

04/15/2009

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