

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90011 038 ****50.00



DOCUMENT # L03000043421

1. Entity Name

CORNERSTONE CONTRACTORS, LLC

Principal Place of Business

1610 NOIR LANE
 CANTONMENT FL 32533
 US

Mailing Address

1610 NOIR LANE
 CANTONMENT FL 32533
 US

2. Principal Place of Business

9890 Heather Drive

Suite, Apt. #, etc.

3. Mailing Address

9890 Heather Drive

Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State

Cantonment, Florida

City & State

Cantonment, Florida

4. FEI Number

20-0401397

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Zip

32533

Country

USA

Zip

32533

Country

USA

6. Name and Address of Current Registered Agent

FRYMAN, TROY D
 1610 NOIR LANE
 CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Danielle P. Fryman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
 NAME FRYMAN, TROY D
 STREET ADDRESS 1610 NOIR LANE
 CITY-ST-ZIP CANTONMENT FL 32533

TITLE MGRM Delete
 NAME FRYMAN, DANIELLE P
 STREET ADDRESS 1610 NOIR LANE
 CITY-ST-ZIP CANTONMENT FL 32533

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME Troy D. Fryman
 STREET ADDRESS 9890 Heather Drive
 CITY-ST-ZIP Cantonment, FL 32533

TITLE Change Addition
 NAME Danielle P. Fryman
 STREET ADDRESS 9890 Heather Drive
 CITY-ST-ZIP Cantonment, FL 32533

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Danielle P. Fryman

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

4-3-05

Date

850-587-4218

Daytime Phone #