2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

11. I hereby certify that the information indicated on this report is true limited liability company or the

SIGNATURE AND TYP

PRINTED NAME OF SIGNING MANAGING MEMBER.

Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90055 043 ***138.75 **DOCUMENT # L04000013488** CORNERSTONE DEVELOPMENT GROUP, LLC 60030658 Principal Place of Business Mailing Address 180 NW AMENITY COURT PO BOX 1867 LAKE CITY, FL 32025 LAKE CITY, FL 32056 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-0756382 Not Applicable Country Zip____ Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUCINEK, FRANK Street Address (P.O. Box Number is Not Acceptable) 180 NW AMENITY COURT LAKE CITY, FL 32025 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition SOUÇINEK, FRANK NAME NAME 180 NW AMENITY COURT STREET ADDRESS STREET ADDRESS LAKE CITY FL 32025 CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME MARAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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 usee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED