

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031226

FILED  
Jun 28, 2005  
Secretary of State

**Entity Name:** CORNERSTONE MORTGAGE SOLUTIONS, LLC

**Current Principal Place of Business:**

744 E BURGESS RD A101  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

744 E BURGESS RD A101  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 02-0721369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, STEPHEN M  
6009 FOREST GREEN RD.  
PENSACOLA, FL 32505      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: DICKSON, DAVID  
Address: 9180 STILLBRIDGE LANE  
City-St-Zip: PENSACOLA, FL 32514

Title: MGR      ( ) Delete  
Name: JONES, STEPHEN M  
Address: 6009 FOREST GREEN RD.  
City-St-Zip: PENSACOLA, FL 32505

**ADDITIONS/CHANGES:**

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 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 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: STEPHEN M JONES

MGR

06/28/2005

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