2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000044262

1. Entity Name

CORNERSTONE MANAGEMENT, & INVESTMENT, LLC

				-				
Principal Plac	e of Business	Mailing Address						
3960 NAVY BLVD.		3960 NAVY BLVD.						
SUITE 41		SUITE 41	SUITE 41					
PENSACOLA FL 32507 US		PENSACOLA FL 32507 US			A SERVEN ON BOTH BY	m emu ben e	om aven svins nerb 2000	11000 III 1100
	,, <u></u>							
2. Principal Place of Business		3. Mailing Address P.O. BOX 11186						HIIIAM
Cuite Ant	W		Suite, Apt. #, etc.		-			
Suite, Apt.	4 , 8tc.	Suite, Apr. #, etc.			1st MOORE	CF	12E083 (10/04)	
City & State		City & State			4. FEI Number		A	pplied For
		PENSACOLA, T	PENSACOLA, FLORI		20 - 12400	34		lot Applicabl
Zip Country		Zip Coun			5. Certificate of Status Desired		\$5.00 AC	tditional
		32524	ESCAMBIA				Fee Requir	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of I	lew Regis	tered Agent	
			Name HA		RIA CALDERON			
	MES, JASON'S				(P.O. Box Number is Not Acce			·
	NORWOOD DRIVE		Sueer Address		(F.O. Box Number is Not Acce	hignie)		
PĘN	ISACOLA FL 32506			3560	DELOACH STREET	٠. ح	oite A	
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	. .			CITYPENS	ACOLA		FL 驾空	9 14
8. The above	named entity submits this statement	t for the purpose of changing its	register	ed office or registe	ered agent, or both, in the State	of Florida.		
the obliga	tions of registered agent.	/		00		_ 1	وما حم	
SIGNATURE	Maria Cero	entry MA	RIA	CALDER	0N	3	22/200	5
	Signature, typed or printed name of registered ag	ent and title if applicable (NOT)	E Registere	d Agent signature require	ed when reinstating)		DATE	
	54	FILE NO)WIII	EE IS \$50.00				
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	44444 6046 4454	384.87888, \$28.882, \$40.000			920189907000			
9.	· · · · · · · · · · · · · · · · · · ·	BERS/MANAGERS	10,	 -	ADDII	IONS/CHA		
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NAME .	THAMES, JASON S		NAM	- I				
STREET ADDRESS	40 NORWOOD DRIVE			ET ADDRESS				
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NAME	CALDERON, ROBERTO		NAM	- 1				
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NAME -	CALDERON, MARIA		NAM	Ε .	· -	-		
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11. I hereby certify that the information supplied with this fiting 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: COMMITTION AND TYPE OF DEPOSITED MANAGER MANAGER OR AUTHORIZED REPRESENTATION

3/22/05 (850) 292-0359

FILED

Mar 29, 2005 8:00 am Secretary of State

03-29-2005 90119 039 ****55.00