

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065314

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: CORNERSTONE TEQUESTA, L.L.C.

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD., PH2  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2121 PONCE DE LEON BLVD., PH  
CORAL GABLES, FL 33134

## Current Mailing Address:

2121 PONCE DE LEON BLVD., PH2  
CORAL GABLES, FL 33134

## New Mailing Address:

2121 PONCE DE LEON BLVD., PH  
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131 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/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: JL HOLDING CORP.,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition  
Name: STUART I. MEYERS FAM, ILY PARTNERSHI P, LTD.  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition  
Name: M3, INC.,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition  
Name: MSM, INC.,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134 US

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: LEON J. WOLFE

P

04/25/2005

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