## 2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000082492

1. Entity Name 623 MUREX, L.L.C.



Principal Place of Business

2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109

Mailing Address

2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109

## **FILED** Apr 30, 2008 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-0099381

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A ESQ. LAW OFFICES OF KENT A. SKRIVEN, PLLC 801 LAUREL OAK DRIVE, SUITE 705 NAPLES, FL 34108

## DO NOT WRITE IN THIS SPACE

| 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  | Skinature: typed or printers name of registered agent and title if applicable | (NOTE Registered Agent signature required when reinstating) | DATE                                       |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |   |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |  |
| TITLE  | MGR   |   |  |
| NAME   | CORNERSTONE VENTURES 1, INC.  | i i   | H00000927712                               |
| STREET ADDRESS   | 2100 TRADE CENTER WAY, SUITE D  |   | .U00000937713<br>05/27/08-80062-004 138.75 |
| CITY-ST-ZIP  | NAPLES, FL 34109  |   | 13. 1. 20 2000 007 100. 10                 |
| TITLE  |   |   |  |
| NAMÉ   |   |   | I  |
| STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP  |   |   |  |
| TITLE  |   |   |  |
| NAME   |   |   |  |
| STREET ADDRESS   |   | l no  | NOT WRITE                                  |
| CITY-ST-ZIP  |   |   | NOI WKIIE                                  |
| MILE   |   | INI   | THIS SPACE                                 |
| NAME   |   | 114   | IIIIO OF ACE                               |
| STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP  |   |   |  |
| TRILE  |   |   |  |
| NAME   |   |   |  |
| STREET ADDRESS   |   |   |  |
|  |   |   |  |

11. I hereby certify that the information supplied with this filling thes not qualify for the exemptions contained in Chapter 119. 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 employeed to specute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME. STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NA MUSUMANO