2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082691

1. Entity Name
CORNERSTONE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
35 HOLLY AVENUE	P.O. BOX 994
SHALIMAR, FL 32579 US	SHALIMAR, FL 32579 US

DO NOT WRITE IN THIS SPACE

02192007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1898964	Not Applicable

5. Certificate of Status Desired __ ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

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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_____
　　　Signature, typed or printed name of registered agent and title if applicable.　　(NOTE: Registered Agent signature required when reinstating)　　DATE

Filing Fee is $50.00
Due by May 1, 2007

9.　　　　　MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REID, APRIL
STREET ADDRESS	35 HOLLY AVENUE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

U00000662427
03/21/07-80013-003 50.00

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11. I hereby certify that the information supplied with this filing does 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _April Reid_ April Reid　　　　3-7-07　850-651-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE　　Date　　Daytime Phone #