

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90064 034 \*\*\*\*55.00

<b>DOCUMENT # L04000089845</b>	
1. Entity Name YORAMCO-CORNERSTONE, LLC	

Principal Place of Business 1506 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	Mailing Address 18611 ROCOSO PLACE TARZANA, CA 91356
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20047817



2. Principal Place of Business 7400 BAYMEADOWS WAY Suite, Apt. #, etc. SUITE 320 City & State JACKSONVILLE FL Zip 32256 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1965890	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HALSEMA & ASSOCIATES, P.A. 1506 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207
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7. Name and Address of New Registered Agent Name W. FROST WEAVER Street Address (P.O. Box Number is Not Acceptable) 7400 BAYMEADOWS WAY # 320 City JACKSONVILLE FL Zip Code 32256
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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 <u>W F Weaver</u> Signature, typed or printed name of registered agent and title if applicable.	W. F. WEAVER (NOTE: Registered Agent signature required when reinstating)	7/5/06 DATE

Filing Fee Is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YORAMCO PROPERTIES, LTD. 18611 ROCOSO PLACE TARZANA, CA 91356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>W F Weaver</u> W. F. WEAVER AGT		7/5/06	904-733-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #