


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000040961 1. Entity Name CORNERSTONE INDUSTRIES, LLC	
---	---

Principal Place of Business 5200 SUNBEAM ROAD JACKSONVILLE, FL 32257 US	Mailing Address 4317 ST. JAMES COURT JACKSONVILLE, FL 32257 US
---	--

DO NOT WRITE IN THIS SPACE



04052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2741754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCCI, VINNIE
4317 ST. JAMES COURT
JACKSONVILLE, FL 32257

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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUCCI, VINNIE 4317 ST. JAMES COURT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000694326
04/17/07-80013-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #