

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065270

Entity Name: CORNERSOURCE, LLC

FILED  
Jan 04, 2006  
Secretary of State

**Current Principal Place of Business:**

9283 FRENCH QUARTERS CIRCLE  
BROOKSVILLE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

9283 FRENCH QUARTERS CIRCLE  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

2202 NORTH WEST SHORE BLVD.  
SUITE 200  
TAMPA, FL 33607 US

FEI Number: 20-3265085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIELDS, LAWRENCE  
9283 FRENCH QUARTERS CIRCLE  
BROOKSVILLE, FL 34613 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHIELDS, LAWRENCE  
Address: 9283 FRENCH QUARTERS CIRCLE  
City-St-Zip: BROOKSVILLE, FL 34613 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LAWRENCE SHIELDS

MGRM

01/04/2006

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