

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90091 009 ****55.00

DOCUMENT # L05000068544	
1. Entity Name CORNERSTONE CONSTRUCTION OF FLORIDA, LLC	



40097505



Principal Place of Business 289 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459 US	Mailing Address 289 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459 US
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2. Principal Place of Business 107 SOUTHLAKE CT Suite, Apt. #, etc.	3. Mailing Address 107 SOUTHLAKE CT Suite, Apt. #, etc.
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City & State NICEVILLE, FL	City & State NICEVILLE, FL
Zip 32578	Country OKALOOSA

6. Name and Address of Current Registered Agent O'HARA, TIMOTHY 289 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459	
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06222006	Chg-LLC	CR2E083 (11/05)
4. FEI Number 51-0545719	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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 O'HARA, TIMOTHY C 289 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANDY ROBERTS 289 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'HARA, JONATHAN W 289 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459 <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	MGRM SMITH, RICHARD R 289 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459 <input checked="" 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
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: <i>Timothy C. O'Hara</i>	TIMOTHY C. O'HARA	6/27/06	(770) 530-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #