

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000068727

1. Entity Name

CORNERSTONE INVESTMENTS, LLC



FILED
May 12, 2008 08:00 AN
Secretary of State

Principal Place of Business

3480 AMBASSADOR ROAD WELLINGTON, FL 33414

Mailing Address

3480 AMBASSADOR ROAD WELLINGTON, FL 33414



03292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102

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8.	ne 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	
	e obligations of registered agent.	
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SI	ATURE	

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(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 #138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	BLACKWOOD, GLENN A		
STREET ADDRESS	3480 AMBASSADOR ROAD		
CITY-ST-ZIP	WELLINGTON, FL 33414		
TITLE	MGR		
NAME	CUNNINGHAM, WILLIAM W III		
STREET AODRESS	3480 AMBASSADOR ROAD		
CITY-ST-ZIP	WELLINGTON, FL 33414		
THLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			

U00000950807 06/04/08-80006-013 138.75

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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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1/08 (561) 198-5620

Daytime Phone #