

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073835

Entity Name: CORNERSTONE, LLC.

FILED  
Jan 15, 2007  
Secretary of State

**Current Principal Place of Business:**

138 107TH AVE  
SUITE 330  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

138 107TH AVE  
SUITE 330  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 20-3356072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MCCORMICK, THOMAS  
138 107TH AVE  
SUITE 330  
TREASURE ISLAND, FL 33706 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: MCCORMICK, THOMAS  
Address: 138 107TH AVE, SUITE 330  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: MGRM (X) Delete  
Name: RITCHIE, CHRIS  
Address: 138 107TH AVE, SUITE 330  
City-St-Zip: TREASURE ISLAND, FL 33706 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCORMICK, THOMAS  
Address: 138 107TH AVE, SUITE 330  
City-St-Zip: TREASURE ISLAND, FL 33706 US

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: THOMAS MCCORMICK

MGR

01/15/2007

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