

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091246

FILED
Jul 07, 2009
Secretary of State

Entity Name: COBBLESTONE CORNERS, LLC

Current Principal Place of Business:

6916 OLD KINGS RD. SOUTH
JACKSONVILLE, FL 32217

New Principal Place of Business:

3132 JULINGTON CREEK RD.
JACKSONVILLE, FL 32223

Current Mailing Address:

3132 JULINGTON CREEK RD.
JACKSONVILLE, FL 32223

New Mailing Address:

12428 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL 32223

FEI Number: 20-3554084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARHAT, SAMIR
3132 JULINGTON CREEK RD.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

MORGAN, ROBERT M
12428 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL 32223 US

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: ROBERT M. MORGAN

07/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARHAT, SAMIR
Address: 3132 JULINGTON CREEK RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PR () Change (X) Addition
Name: MOREY, KEVIN PR
Address: 4731 S. NEWPORT STREET
City-St-Zip: CHANDLER, AZ 85249

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN MOREY, PR FOR ESTATE, PRESIDENT

PR

07/07/2009

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