

FILED
May 15, 2006 8:00 am
Secretary of State

03-22-2006 90291 050 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000092744

Entity Name:
CORNERSTONE STUART, LLC



30008425

Principal Place of Business
7331 OFFICE PARK PLACE
SUITE 200
A, FL 32940

Mailing Address
7331 OFFICE PARK PLACE
SUITE 200
VIERA, FL 32940

Principal Place of Business

Mailing Address

Is, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022008

Corp-LLC

02022008 (11/08)

4. FEI Number

20-3501800

Accepted For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EULER, ERNEST C
7331 OFFICE PARK PLACE, SUITE 200
VIERA, FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature must be printed name of registered agent and not a notary.

Signature Required Agent signature required when changing

Signature

Filing Fee is \$85.00
Due by May 1, 2006

Note check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
NAME	MANAGING MEMBERS	NAME	☐ Change ☐ Addition
STREET ADDRESS	Acad Sub, LLC	STREET ADDRESS	
CITY-ST-SP	3300 Public Parkway	CITY-ST-SP	
	Lakeland, FL 33811		
NAME	MANAGING MEMBERS	NAME	☐ Change ☐ Addition
STREET ADDRESS	Stuart Partners, LLC	STREET ADDRESS	
CITY-ST-SP	7331 Office Pl. Pl. 200	CITY-ST-SP	
	Viera, FL 32940		
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-SP		CITY-ST-SP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-SP		CITY-ST-SP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-SP		CITY-ST-SP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-SP		CITY-ST-SP	

9. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information disclosed 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

Signature must be printed name of registered agent and not a notary.

Signature

Signature