

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90335 050 \*\*\*138.75

**DOCUMENT # L05000092744**

1. Entity Name  
**CORNERSTONE STUART, LLC**



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

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

**60013451**



01302008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3501800**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ATTAWAY, JOHN A JR.  
3300 PUBLIX CORPORATE PARKWAY  
LAKELAND, FL 33811-3311**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REAL SUB, LLC 3300 PUBLIC PKWY LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUART PARTNERS, LLC 7331 OFFICE PK PLACE SUITE 200 VIERA, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #