

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-13-2006 90080 045 ****55.00

DOCUMENT # L05000121734

1. Entity Name
CORNERSTONE DEVELOPMENT GROUP, LLC



Principal Place of Business
**3930 S.W. 2ND STREET
MIAMI, FL 33134**

Mailing Address
**P.O. BOX 143078
CORAL GABLES, FL 33114**

30012355



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07282006 Chg-LLC CR2E083 (11/05)

4. FEI Number

71-0993080

Applied 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

**STEVEN M. LEE, P.A.
1200 S.W. 2ND AVENUE
MIAMI, FL 33130**

Name **MARK HICKEN**

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

3930 SW 2ND STREET

City **MIAMI**

FL

Zip Code **33134**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TWO HEARTS CONSTRUCTION CORPORATION
3930 S.W. 2ND STREET
MIAMI, FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #


FOR TWO HEARTS CONST.

07/27/06

ATTACHMENT

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/13/2006-90080-045-\$55.00-\$55.00

DOCUMENT # L05000121734 1. Entity Name CORNERSTONE DEVELOPMENT GROUP, LLC						36012355	
Principal Place of Business 3930 S.W. 2ND STREET MIAMI, FL 33134				Mailing Address P.O. BOX 143078 CORAL GABLES, FL 33114			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 71-0993080				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent STEVEN M. LEE, P.A. 1200 S.W. 2ND AVENUE MIAMI, FL 33130				7. Name and Address of New Registered Agent Name MARK HICKEIN Street Address (P.O. Box Number is Not Acceptable) PO BOX 143078 City CORAL GABLES FL Zip Code 33114			
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 <u><i>Mark B. Hickein</i></u> MARK B. HICKEIN 07/7/06 <small>(Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking))</small>							
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGR TWO HEARTS CONSTRUCTION CORPORATION 3930 S.W. 2ND STREET MIAMI, FL 33134				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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