

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021599

FILED  
Apr 12, 2008  
Secretary of State

**Entity Name:** CORNERSTONE INSTALLATIONS & DESIGN, LLC

**Current Principal Place of Business:**

4611 ABERDEEN CIRCLE  
VIERA, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1569  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 20-8016534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, JAMES PATRICK  
4611 ABERDEEN CIRCLE  
VIERA, FL 32955 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: WILLIAMS, LINDA JEAN  
Address: 4611 ABERDEEN CIRCLE  
City-St-Zip: VIERA, FL 32955

Title: MGRM ( ) Delete  
Name: WHITE, JAMES PATRICK  
Address: 4611 ABERDEEN CIRCLE  
City-St-Zip: VIERA, FL 32955

**ADDITIONS/CHANGES:**

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

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

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: JAMES PATRICK WHITE

MGM

04/12/2008

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