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SECRETARY OF STATE
DIVISION OF CORPORATIONS2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L06000120425																																							
1. Entity Name CORNERCROSS, LLC																																							
Principal Place of Business 1780 17TH ST. S.W. NAPLES, FL 34117 US		Mailing Address 1780 17TH ST. S.W. NAPLES, FL 34117 US																																					
2. Principal Place of Business - M/P.O. Box #		3. Mailing Address																																					
Date, Apr. 4, etc.		Date, Apr. 4, etc.																																					
City & State		City & State																																					
Zip		Country																																					
4. State and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 NAYS STREET TALLAHASSEE, FL 32301		5. State and Address of New Registered Agent JOY CORRITORE 1780 17TH STREET SW NAPLES, FL 34117																																					
6. The above named entity submits this document 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: <i>[Signature]</i>		Date: 7-10-07																																					
Filing Fee is \$50.00 Paid by filing 1, 2007		State check payable to Florida Department of State																																					
<table border="1"> <thead> <tr> <th colspan="2">MANAGING MEMBERS/MANAGERS</th> <th colspan="2">ADDITIONAL MANAGERS</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Add/Res</td> </tr> <tr> <td>MGRM CORRITORE, JOY 1780 17TH ST. S.W. NAPLES, FL 34117</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>MGRM Joe Corritore 1780 17TH ST SW NAPLES, FL 34117</td> <td>☐ Change ☒ Add/Res</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>BLT</td> <td>☐ Change ☐ Add/Res</td> </tr> </tbody> </table>				MANAGING MEMBERS/MANAGERS		ADDITIONAL MANAGERS		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Res	MGRM CORRITORE, JOY 1780 17TH ST. S.W. NAPLES, FL 34117						MGRM Joe Corritore 1780 17TH ST SW NAPLES, FL 34117	☐ Change ☒ Add/Res																			BLT	☐ Change ☐ Add/Res
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7. 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 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 person or persons empowered to execute this report as required by Chapter 606, Florida Statutes.																																							
SIGNATURE: <i>[Signature]</i>		Date: 3/26/07 239-359-6423																																					