

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044984

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: CORNERSTONE CUSTOM INTERIORS, LLC

**Current Principal Place of Business:**

119 WILDFLOWER LN  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

119 WILDFLOWER LN  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 30-0417486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILBOURN, SAMANTHA  
119 WILDFLOWER LN  
CRAWFORDVILLE, FL 32327 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: KILBOURN, SAMANTHA  
Address: 119 WILDFLOWER LN  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete  
Name: KILBOURN, GEORGE  
Address: 119 WILDFLOWER LN  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete  
Name: TUCKER, TIMOTHY  
Address: 130 CARMEN ROCIO  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete  
Name: TUCKER, ANGELA N  
Address: 130 CARMEN ROCIO  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Delete  
Name: ALVAREZ, PAUL  
Address: 119 WILDFLOWER LN  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

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

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

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

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: SAMANTHA KILBOURN

MGRM

02/06/2008

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