

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127389

FILED
Jan 06, 2009
Secretary of State

Entity Name: CORNERSTONE PRIVATE ADVISORS, LLC.

Current Principal Place of Business:

THE COURTYARD
5301 NORTH FEDER A HIGHWAY, SUITE 380
BOCA RATON, FL 33487

New Principal Place of Business:

5301 NORTH FEDERAL HIGHWAY,
SUITE 380
BOCA RATON, FL 33487

Current Mailing Address:

THE COURTYARD
5301 NORTH FEDER A HIGHWAY, SUITE 380
BOCA RATON, FL 33487

New Mailing Address:

5301 NORTH FEDER A L HIGHWAY,
SUITE 380
BOCA RATON, FL 33487

FEI Number: 22-3973728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: GILBERT, JAMES P
Address: THE COURTYARD, 5301 N. FED HWY., STE. 380
City-St-Zip: BOCA RATON, FL 33487

Title: S () Delete
Name: GILBERT, JAMES P
Address: THE COURTYARD, 5301 N. FED HWY., STE. 380
City-St-Zip: BOCA RATON, FL 33487

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 P. GILBERT

MGR

01/06/2009

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