



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN 31 PH 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000713 CORNERSTONE BUSINESSES, L.C. 6449 COUNTRY CLUB ROAD WESLEY CHAPEL FL 33544		1a. Principal Place of Business Address 6449 COUNTRY CLUB ROAD WESLEY CHAPEL FL 33544		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business 3936 State Road 39 Suite, Apt. #, etc.		2a. Mailing Address 3936 State Road 39 Suite, Apt. #, etc.		3. Date Organized or Qualified 07/01/1996
City & State Zephyrhills, FL Zip Country 33540 USA		City & State Zephyrhills, FL Zip Country 33540 SUA		3a. State of Formation FL
		4. FEI Number 59-3389231		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent HUBBARD, C D 6449 COUNTRY CLUB ROAD WESLEY CHAPEL FL 33544			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____			DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	HUBBARD, MARY JANE	6449 COUNTRY CLUB ROAD	WESLEY CHAPEL FL	
MGRM	HUBBARD, C D	6449 COUNTRY CLUB ROAD	WESLEY CHAPEL FL	
			000002080280--7 -02/06/97--01062--020 ****212.50 ****212.50 	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: <u>Mary Jane Hubbard</u>			Mary Jane Hubbard 1/29/97 813-715-0808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			Date Daytime Phone #	