

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000004827

FILED
Apr 30, 2003
Secretary of State

Entity Name: CORNERSTONE LOGAN'S POINTE II, L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD,
PH
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD,
PH
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0949872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA
100 SOUTHEAST SECOND STREET
SUITE 3500
MIAMI, FL 331312130 US

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA
100 SOUTHEAST SECOND STREET
SUITE 2900
MIAMI, FL 331312130 US

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: CHARLES J. RENNERT, VP

04/30/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEYERS, STUART I
Address: 2121 PONCE DE LEON BLVD, PENTHOUSE TWO
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: LOPEZ, JORGE
Address: 2121 PONCE DE LEON BLVD, PENTHOUSE TWO
City-St-Zip: CORAL GABLES, FL 33134

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 for the exemption stated in Section 119.07(3)(i), 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: STUART I. MEYERS

MGRM

04/30/2003

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