FILED
03 APR 23 AM 11: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006930

1. Entity Name
CORNERSTONE INVESTMENT PROPERTIES, LLC

Principal Place of Business	Mailing Address
1726 OAK BREEZE AVENUE KISSIMMEE, FL 34744	P.O. BOX 452973 KISSIMMEE, FL 34745

2. Principal Place of Business	3. Mailing Address
1726 OAK Breeze Ave	PO BOX 452973
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kiss. FL	City & State: Kiss., FL.
Zip: 34744 Country: USA	Zip: 34745 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3605649 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, JOHN M JR
1726 OAK BREEZE AVE
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name: John M. Weaver Jr
Street Address (P.O. Box Number is Not Acceptable): 1726 OAK Breeze Ave
City: Kiss FL Zip Code: 34744

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEAVER, JOHN	NAME	
STREET ADDRESS	1726 OAK BREEZE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOGEN, BRIAN	NAME	
STREET ADDRESS	P.O. BOX 452973	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083 (10/02)

11. I 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 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.

SIGNATURE: [signature] 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FL-Dept. STATE
$50