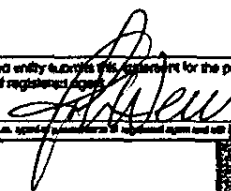
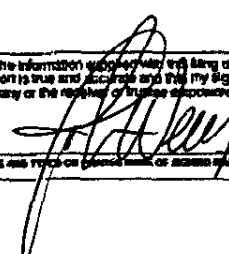


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # L99000006930			
1. Entity Name CORNERSTONE INVESTMENT PROPERTIES, LLC			
Principal Place of Business 1726 OAK BREEZE AVENUE KISSIMMEE, FL 34744		Mailing Address P.O. BOX 452973 KISSIMMEE, FL 34745	
2. Principal Place of Business 1726 OAK Breeze Ave		3. Mailing Address PO BOX 452973	
City & State Kiss., FL		City & State Kiss., FL	
Country USA		Country USA	
4. ZIP Code 34744		5. ZIP Code 34745	
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: 		DATE: 4/21/03	
9. MANAGING MEMBERS/MANAGERS			
NAME WEAVER, JOHN STREET ADDRESS 1726 OAK BREEZE AVENUE CITY-STATE-ZIP KISSIMMEE, FL 34744	☐ Delete	TITLE MEMBER STREET ADDRESS P.O. BOX 452973 CITY-STATE-ZIP KISSIMMEE, FL 34744	☐ Change ☐ Add
NAME BOGEN, BRIAN STREET ADDRESS P.O. BOX 452973 CITY-STATE-ZIP KISSIMMEE, FL 34744	☐ Delete	TITLE MEMBER STREET ADDRESS P.O. BOX 452973 CITY-STATE-ZIP KISSIMMEE, FL 34744	☐ Change ☐ Add
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE MEMBER STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE MEMBER STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE MEMBER STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE MEMBER STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
11. I hereby certify that the information submitted by me is true and correct. I am familiar with, and accept the obligations of registered agent. I further certify that the information indicated on this report is true and correct 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 registered agent authorized to submit this report as required by Chapter 600, Florida Statutes.			
SIGNATURE: 		DATE: 4/21/03	

FL. Dept. STATE

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