

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008166

FILED
Jun 11, 2009
Secretary of State

Entity Name: CORNERSTONE SABAL ASSOCIATES, 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: 65-0966104 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: STUART I. MEYERS FAMILY PARTNERSHIP, LTD.
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: JL HOLDING CORP.
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134

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: JORGE LOPEZ

AR

06/11/2009

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