2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# M04000000223

Entity Name: CORNERSTONE COMMERCIAL MORTGAGES, LLC

Current Principal Place of Business:

3015 HERITAGE RD NE, STE 3
MILLEGEVILLE, GA 31061

New Principal Place of Business:

Current Mailing Address:

3015 HERITAGE RD NE, STE 3
MILLEGEVILLE, GA 31061

New Mailing Address:

FEI Number: 02-0583789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: ROBERTS, CLIFFORD L
Address: 3015 HERITAGE RD NE, STE 3
City-St-Zip: MILLEGEVILLE, GA 31061

Title: MGRM ( ) Delete
Name: THROWER, GARY L
Address: 3015 HERITAGE RD NE, STE 3
City-St-Zip: MILLEGEVILLE, GA 31061

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 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: CLIFF ROBERTS MGRM 03/08/2007

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