


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000003734 1. Entity Name CORNERSTONE ADMINISTRATIVE SERVICES, LLC	
--	---

Principal Place of Business 1350 DIVISION ROAD, SUITE 301 WEST WARWICK, RI 02893	Mailing Address 1350 DIVISION ROAD, SUITE 301 WEST WARWICK, RI 02893
--	--

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -7 AM 10:36

200119794712

02/22/08--01022--018 **130.00



02292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1237740	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	-----------------------------------

6. Name and Address of Current Registered Agent OLEEN, TIMOTHY H ESQ. 1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

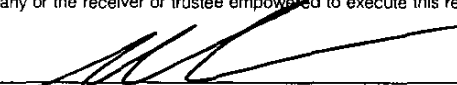
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALISE, ROBERT F 1350 DIVISION ROAD, SUITE 301 WEST WARWICK, RI 02893
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000120753470
03/19/08--01036--023 **13.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3-5-08 401 884 5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORNERSTONE GROUP

Your benefits partner

HEALTH & WELFARE PLAN ADMINISTRATION

GROUP INSURANCE CONSULTING

INDIVIDUAL FINANCIAL SERVICES

March 5, 2008

Ms. Tammy Hampton
Florida Dept. of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Cornerstone Administrative Services, LLC
FEI Number: 20-1237740

Dear Tammy,

As discussed today, attached is the annual report for the above entity, a check for the balance of the filing fee and the fee for certificate of status, \$13.75.

I am also enclosing the annual report and \$150.00 fee for Cornerstone Insurance Agency, Inc. FEI Number 05-0474165. I do not need a certificate of status for this entity.

OFFICE LOCATIONS

RHODE ISLAND

1350 DIVISION ROAD

SUITE 301

WEST WARWICK, RHODE ISLAND 02893

FLORIDA

1525 INTERNATIONAL PARKWAY

SUITE 2071

LAKE MARY, FLORIDA 32746

CONNECTICUT

568 E. MAIN STREET

BRANFORD, CONNECTICUT 06405

I have enclosed a return overnight package for you to send the certificate of status on Cornerstone Administrative Services, LLC. to me.

I appreciate your assistance with this; please contact me with any questions, (401) 884-5700 ext. 129.

Sincerely,

Sandra M. Smith

Enclosures

TOLL FREE PHONE 800.678.1700

TOLL FREE FAX 800.457.6742