

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002375

FILED
Jan 22, 2009
Secretary of State

Entity Name: CORNERSTONE COMMERCE HOLDINGS, LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE, STE. 200
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE, STE. 200
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 61-1559675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, EDWARD III
12800 UNIVERSITY DRIVE, STE. 200
FT. MYERS, FL 33907 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: MGR () Delete
Name: BELL, EDWARD III
Address: 12800 UNIVERSITY DRIVE, STE. 200
City-St-Zip: FT. MYERS, FL 33907

Title: MGR () Delete
Name: DAVENPORT, LEONARD
Address: 9300 HARRIS CORNERS PARKWAY, STE. 410
City-St-Zip: CHARLOTTE, NC 28269

Title: MGR () Delete
Name: PAVENTI, DAVID
Address: 9300 HARRIS CORNERS PARKWAY, STE. 410
City-St-Zip: CHARLOTTE, NC 28269

ADDITIONS/CHANGES:

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

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 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: EDWARD BELL

MGR

01/22/2009

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