


FEB. 17. 1999 12:29PM CORNERSTONE HOLDINGS LLC

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUN -7 AM 9:28

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M96000000314**

TREASURE COAST COMMERCE CENTER L.C.  
P.O. BOX 7846  
ASPEN CO 81612

1a. Principal Place of Business Address  
132 W MAIN STREET  
ASPEN CO 81611

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 08/22/1996	3a. State of Formation CO
7. Name and Address of Current Registered Agent GARY, III, JOHN W ESQUIRE 701 U.S. HIGHWAY ONE #402 NORTH PALM BEACH FL 33408		4. FEI Number 84-1323219	6. Certificate of Status Desired 3675 Additional Fee Required <input type="checkbox"/>

8. Name and Address of New Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCCLOSKEY, THOMAS D JR	132 W MAIN STREET	ASPEN CO
			05/06/99 - 90017-037 \$188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  2/17/99 970 9202112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #