

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90009 009 \*\*\*\*50.00

0066559

**DOCUMENT # M98000000813**

1. Entity Name

**LAUDERDALE-CORNERSTONE, L.L.C.**



Principal Place of Business

**2440 SE FEDERAL HIGHWAY, SUITE 600  
STUART FL 34994**

Mailing Address

**P.O. BOX 359  
STUART FL 34995**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0847583**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHARFF, BURTON G  
2315 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Delete
<b>MGR GARRIS, STANLEY R 2440 SE FEDERAL HIGHWAY, SUITE 600 STUART FL 34994</b>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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:** *Stanley R. Garriss* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/22/03* *772-287-1844*

Date

Daytime Phone #

CR2E083 (10/02)