

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001349

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: ENVIROCAP, LLC

**Current Principal Place of Business:**

2111 W. SWANN AVENUE  
SUITE #200  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

2111 W. SWANN AVENUE #200  
SUITE #200  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 26-0030850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEARD, ROBERT K  
2301 S CAROLINA AVENUE  
TAMPA, FL 33629 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: BEARD, ROBERT  
Address: 2301 S. CAROLINA AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: MGR ( ) Delete  
Name: JOSEPH, GARY  
Address: 601 CLIFFGATE LANE  
City-St-Zip: CASTLE ROCK, CO 80104

Title: MGR ( ) Delete  
Name: ANDERSON, STEVE  
Address: 39 HUDSON STREET  
City-St-Zip: REDWOOD CITY, CA 94062

Title: MGR ( ) Delete  
Name: SCHER, DAVID  
Address: 503 ERIE AVENUE  
City-St-Zip: TAMPA, FL 33606

**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:

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: ROBERT BEARD

MGR

03/13/2008

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