

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-22-2004 90353 010 ****50.00

34006669



DOCUMENT # L03000013789
 1. Entity Name
CAPSTONE SANFORD, LLC



Principal Place of Business
**801 N. ARMENIA AVENUE
 TAMPA, FL 33609**

Mailing Address
**801 N. ARMENIA AVENUE
 TAMPA, FL 33609**

2. Principal Place of Business
1700 S. Macdill Avenue
 Suite, Apt. #, etc.
Suite 240
 City & State
Tampa, Florida
 Zip
33629 Country
USA

3. Mailing Address
1700 S. Macdill Avenue
 Suite, Apt. #, etc.
Suite 240
 City & State
Tampa, Florida
 Zip
33629 Country
USA

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0167975

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
**GIORDANO, JOHN N
 220 SOUTH FRANKLIN STREET
 TAMPA, FL 33602**

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

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Capstone Group Inc. 1700 S. Macdill Ave #240 Tampa, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member James T. Burt II 1700 S. Macdill Ave #240 Tampa FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Gordon A. McBride 1700 S. Macdill Ave #240 Tampa, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member David E. Martin 1700 S. Macdill Ave #240 Tampa, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: **1-05-04** Daytime Phone #: **812-252-2035**