


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000024342  
 1. Entity Name  
 CAPSTONE SPIRIT LAKE, LLC



Principal Place of Business 1700 SOUTH MAC DILL AVENUE TAMPA, FL 33609	Mailing Address 1700 SOUTH MAC DILL AVENUE TAMPA, FL 33609
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01112005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0075250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JONES, BRENT A  
 220 SOUTH FRANKLIN STREET  
 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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 file if applicable (NOTE Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPSTONE GROUP INC 1700 S MACDILLAVE # 240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURT, JAMES T II 1700 S MACDILLAVE # 240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRIDE, GORDON A 1700 S MACDILLAVE # 240 TAMPA, FL 33629
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1100000184314  
 01/20/05-80025-017 50.00

**DO NOT WRITE IN THIS SPACE**

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

Date: 1-12-05 Daytime Phone #: 813-258-2535