


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90153 001 ****50.00

DOCUMENT # L03000054650

1. Entity Name
CAPSTONE BOGGY CREEK, LLC



Principal Place of Business
**1700 SOTH MAC DILL AVE, STE 240
 TAMPA, FL 33609**

Mailing Address
**1700 SOTH MAC DILL AVE, STE 240
 TAMPA, FL 33609**

2. Principal Place of Business
1700 South MacDill Ave

3. Mailing Address
1700 South MacDill Ave


Suite, Apt. #, etc.
Suite 240

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33629

Country
USA



06302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0500114

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
 220 SOUTH FRANKLIN ST
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 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 |
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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:  **June 30, 2004** 813-253-3535 x207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #