


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054650
 1. Entity Name
 CAPSTONE BOGGY CREEK, LLC



Principal Place of Business 1700 SOUTH MACDILL AVE, STE 240 TAMPA, FL 33629	Mailing Address 1700 SOUTH MACDILL AVE, STE 240 TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0500114	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

GIORDANO, JOHN N
 220 SOUTH FRANKLIN ST
 TAMPA, FL 33602

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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 _____

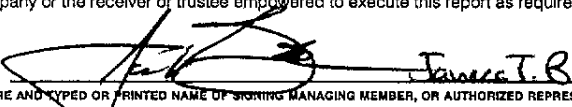
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPSTONE GROUP INC. 1700 S. MACDILL AVE. #240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURT, JAMES T II 1700 S. MACDILL AVE. #240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCBRIDE, GORDON A 1700 S. MACDILL AVE. #240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, DAVID E 1700 S. MACDILL AVE. #240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/14/05-80007-015 50.00

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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: 1-09-05 Daytime Phone #: 813-253-2535

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