

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082115

FILED  
Jul 27, 2008  
Secretary of State

**Entity Name:** CAPITAL CITY PROPERTIES, LLC

**Current Principal Place of Business:**

633 W PENSACOLA STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

204 S. MELVILLE AVENUE  
C  
TAMPA, FL 33606

**Current Mailing Address:**

PO BOX 4058  
TALLAHASSEE, FL 32315

**New Mailing Address:**

204 S. MELVILLE AVENUE  
C  
TAMPA, FL 33606

FEI Number: 20-4617492      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD  
TALLAHASSEE, FL 32309      US

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: MGRM      ( ) Delete  
Name: COREY, ADAM B  
Address: 2006 ALTON ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: COREY, ADAM B  
Address: 204 S MELVILLE AVENUE, UNIT C  
City-St-Zip: TAMPA, FL 33606

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: ADAM BRETT COREY

MGRM

07/27/2008

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