


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90024 018 \*\*\*138.75

**DOCUMENT # L07000018804**

1. Entity Name  
**CAPITAL CONSTRUCTION, DEVELOPMENT, & INVESTMENT HOLDINGS LLC**



Principal Place of Business  
**1950 N. POINT BLVD., #404  
 TALLAHASSEE, FL 32308**

Mailing Address  
**1950 N. POINT BLVD., #404  
 TALLAHASSEE, FL 32308**

**60036959**



2. Principal Place of Business - No P.O. Box #  
*1950 N Point Blvd*

3. Mailing Address  
*1950 N Point Blvd*

Suite, Apt. #, etc.  
*404*

City & State  
*Tallahassee, FL*

Zip  
*32308*

Country  
*US*

04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
*87-0793049*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, MARIAH**  
**1950 N. POINT BLVD., #404**  
**TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name  
*Mariah Miller*

Street Address (P.O. Box Number is Not Acceptable)  
*1950 N Point Blvd*

*#404*

City  
*Tallahassee* **FL** Zip Code  
*32308*

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 *Mariah Miller* DATE *4/28/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DE'SHON 1950 N. POINT BLVD., #404 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DE'SHON 1950 N. POINT BLVD., #404 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, KRystal 2685 N. POINT LANE, SUITE D TALLAHASSEE, FL 32397 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, KRystal 2685 N. POINT LANE, SUITE D TALLAHASSEE, FL 32397 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, KENYA 388 CHARLIE HARRIS LOOP QUINCY, FL 32352 <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 <i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>N/A</i>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Mariah Miller* DATE: *4/28/08* DAYTIME PHONE #: *850-355-7438*

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