


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 12 PM 12:33

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000491 CAPSTONE MARKETING OF CARABELLE, L.C. P.O. BOX 999 CARRABELLE FL 32322
--

1a. Principal Place of Business Address TIMBER ISLAND ROAD CARRABELLE FL 32322
--

2. Principal Place of Business <i>76 Midnight Pass</i> Suite, Apt. #, etc.	2a. Mailing Address <i>76 Midnight Pass</i> Suite, Apt. #, etc.	3. Date Organized or Qualified 06/26/1995	3a. State of Formation FL
City & State <i>Crawfordville, FL</i>	City & State <i>Crawfordville, FL</i>	4. FEI Number 58-2183362	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32327	County <i>Wakulla</i>	5. Date of Last Report 04/22/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent CARROTHERS, CATHY 76 MIDNIGHT PASS CRAWFORDVILLE FL 32322	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	---

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required Except for certain types)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGM	CARROTHERS, CATHY	76 MIDNIGHT PASS	CRAWFORDVILLE FL

100002806401 ---5
-03/15/99--01135--007
****188.75 ****188.75

11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Cathy Carrother* 3/7/99 850-386-9673

SIGNATURE AND EMPLOY OR PRINTED NAME OF SIGNER, MANAGING MEMBER OR MANAGER DATE Display Phone #