


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000006336
 1. Entity Name
 CAPSTONE PROPERTIES, LLC



Principal Place of Business 431 OFFICE PARK DRIVE BIRMINGHAM, AL 35223	Mailing Address 431 OFFICE PARK DRIVE BIRMINGHAM, AL 35223
--	--

DO NOT WRITE IN THIS SPACE



07032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 63-1029288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPSTONE DEVELOPMENT CORP. 431 OFFICE PARK DRIVE BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000767253
 07/06/07-80006-020 50.00

DO NOT WRITE IN THIS SPACE

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: Bob Moore Bob Moore, CPA CFO July 3, 2007 (205) 414-6464
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #