






# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90128 024 \*\*\*\*50.00

|   |                    |   |   |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
|---|--------------------|---|---|--|------|---|-------------|---|-------------|---------------------------------|--|--------------------|----------------------------|------------------------------|--|
| <b>DOCUMENT # L02000024224</b><br>1. Entity Name<br><b>PAUL CAPUA PROPERTIES, LLC</b>   |                    |   |   |   |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| Principal Place of Business<br><b>2915 SHANNON CIRCLE<br/>PALM HARBOR, FL 34684</b>   |                    |   | Mailing Address<br><b>2915 SHANNON CIRCLE<br/>PALM HARBOR, FL 34684</b> |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |                    | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   | <br><br>01062004 Chg-LLC CR2E083 (10/03) |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| City & State  |                    | City & State                                  |   |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| Zip   | Country            | Zip   | Country   |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| 4. FEI Number<br><b>55-0797521</b>  |                    | Applied For<br>Not Applicable                 |   |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |                    |   |   | <br><br>01062004 Chg-LLC CR2E083 (10/03) |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REIBER, SAM IESQ<br/>601 E. TWIGGS ST., SUITE 200<br/>TAMPA, FL 33602</b>   |                    |   |   |  |      | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3827 Henderson Blvd</b><br>City <b>Tampa</b> FL Zip Code <b>33629</b> |             |   |             |                                 |  |                    |                            |                              |  |
| 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.<br><br>SIGNATURE <u><i>Paul Capua</i></u> DATE <u>1-8-04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                    |   |   |  |      | <br><br>01062004 Chg-LLC CR2E083 (10/03)  |             |   |             |                                 |  |                    |                            |                              |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |                    |   |   |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| Make check payable to<br>Florida Department of State  |                    |   |   |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| 9. MANAGING MEMBERS/MANAGERS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>CAPUA, PAUL</b></td> <td><b>2915 SHANNON CIRCLE</b></td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> </tr> </table>         |                    |   |   | TITLE  | NAME |   |             | STREET ADDRESS  | CITY-ST-ZIP | <input type="checkbox"/> Delete |  | <b>CAPUA, PAUL</b> | <b>2915 SHANNON CIRCLE</b> | <b>PALM HARBOR, FL 34684</b> |  |
| TITLE   | NAME               | STREET ADDRESS                                | CITY-ST-ZIP   | <input type="checkbox"/> Delete  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
|   | <b>CAPUA, PAUL</b> | <b>2915 SHANNON CIRCLE</b>                    | <b>PALM HARBOR, FL 34684</b>  |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| 10. ADDITIONS/CHANGES<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><b>member</b></td> <td></td> <td></td> <td></td> </tr> </table>   |                    |   |   | TITLE  | NAME | STREET ADDRESS  | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |             | <b>member</b>                   |  |                    |                            |                              |  |
| TITLE   | NAME               | STREET ADDRESS                                | CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
|   | <b>member</b>      |   |   |  |      |   |             |   |             |                                 |  |                    |                            |                              |  |
| 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: <u><i>Paul Capua</i></u> DATE <u>1-8-04</u> 727-786-8072<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                    |   |   | <br><br>01062004 Chg-LLC CR2E083 (10/03) |      |   |             |   |             |                                 |  |                    |                            |                              |  |