

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000071576

1. Entity Name
CAPSTONE CONSTRUCTION, LLC



Principal Place of Business
7000 ISLAND BOULEVARD APT 402
AVENTURA, FL 33160

Mailing Address
7000 ISLAND BOULEVARD APT 402
AVENTURA, FL 33160



02022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2037228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARKS, JEFFREY N
1815 GRIFFIN ROAD STE. 200
DANIA BEACH, FL 33004

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re/instating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREENBERG, MONTE L
7000 ISLAND BOULEVARD APT 402
AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALLEN, STUART N
7000 ISLAND BOULEVARD APT 402
AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000434449
02/25/06 80002-016 50.00

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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:

Stuart N Allen

02-11-06

305-773-5686

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

Date

Daytime Phone #