

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001411		
1. Entity Name CAPSTONE ASSOCIATED SERVICES (FLORIDA), LTD.		

Principal Place of Business 61621XFTU FNFS TVJF2961 1 PVTUPO!UM!88167	Mailing Address 61621XFTU FNFS TVJF2961 1 PVTUPO!UM!88167
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



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4. FEI Number 74-3023880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELDMAN, BENJAMIN 3178 VIA POINCIANA, NO. 109 LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Sylvia Feldman Street Address (P.O. Box Number is Not Acceptable) 3178 Via Poinciana, No. 109 City Lake Worth FL Zip Code 33467	
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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  DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000100970	STREET ADDRESS	
NAME	CAPSTONE HOLDINGS (FLORIDA) CORP.	CITY-ST-ZIP	
STREET ADDRESS	5051 WESTHEIMER SUITE 1850		
CITY-ST-ZIP	HOUSTON, TX 77056		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date _____ Daytime Phone # _____

STAPLE CHECK HERE