# 2004 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L00000003483**

1. Entity Name
CAPITAL CITY LAND, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4178 APALACHEE PKWY<br>TALLAHASSEE, FL 32311 | 4178 APALACHEE PKWY<br>TALLAHASSEE, FL 32311 |

DO NOT WRITE IN THIS SPACE

04232004 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number<br>59-3637585 | Applied For |
|---|---|
| | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

PETRANDIS, JOHNNY
4178 APALACHEE PKWY
TALLAHASSEE, FL 32311

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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_____
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**Filing Fee is $50.00**
**Due by May 1, 2004**
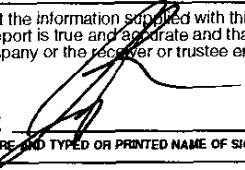
000035559920
05/06/04--01024--009  **550.00**

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | PRES | |
| NAME | PETRANDIS, JOHNNY | |
| STREET ADDRESS | 4178 APALACHEE PKWY | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
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| CITY-ST-ZIP | | |

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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: _____ 4/23/4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #