

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90105 001 ***200.00

DOCUMENT # L00000006544

1. Entity Name
CAP-TAMPA, LLC



Principal Place of Business

131 FALLS ST
SUITE 100
GREENVILLE, SC 29601

Mailing Address

131 FALLS ST
SUITE 100
GREENVILLE, SC 29601

34009256



01052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1099927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

F & L CORP
200 LAURA ST
JACKSONVILLE, FL 32202

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GLENN, DAVID W
STREET ADDRESS	131 FALLS ST SUITE 100
CITY- ST- ZIP	GREENVILLE, SC 29601

TITLE	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

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IN THIS SPACE**

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: David W. Glenn

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

7/6/04

Date

864-271-3894

Daytime Phone #