

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007809	
1. Entity Name CAPITAL OWL GROUP, LLC	
Principal Place of Business 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604	Mailing Address 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3666860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ROBERT W
904 WEST WATERS AVENUE, SUITE D
TAMPA, FL 33604

**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-statuting) DATE

Filing Fee is \$50.00
Due by May 1, 2007

U000000598651
01/24/07-80084-018 50.00

MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, ROBERT W 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MARY E 904 WEST WATERS AVE #D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ROBERT W 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MARY E 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARY E 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT W 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604

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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: *Robert W Davis, Pres* 1/17/07 813-655-9209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #