

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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**



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3666860**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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's signature required when re-appointing)

DATE: 2/19/08

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

U000000836725  
03/04/08-80030-005 138.75

**DO NOT WRITE  
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:** *RW Davis, President* **RW DAVIS, President** 2/19/08 813-655-9203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #