

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010095

1. Entity Name

CAPITAL LAND VENTURES, L.L.C.



Principal Place of Business

**100 SOUTH KENTUCKY AVE., STE, 215
LAKELAND, FL 33801**

Mailing Address

**100 SOUTH KENTUCKY AVE., STE, 215
LAKELAND, FL 33801**



04052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3657145

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAM THOMAS MIMS
100 SOUTH KENTUCKY AVE., STE, 215
LAKELAND, FL 33801**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------------|
| TITLE | MGR |
| NAME | WILLIAM THOMAS MIMS |
| STREET ADDRESS | 100 SOUTH KENTUCKY AVE., STE, 215 |
| CITY- ST- ZIP | LAKELAND, FL 33801 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

U00000336144
04/27/05-80112-014 50.00

**DO NOT WRITE
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)(f), 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:

William Thomas Mims

4-11-05

(863) 683-9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
William Thomas Mims, Managing Member

Date

Daytime Phone #