


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000010095 1. Entity Name CAPITAL LAND VENTURES, L.L.C.	
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Principal Place of Business 100 SOUTH KENTUCKY AVE., STE, 215 LAKELAND, FL 33801	Mailing Address 100 SOUTH KENTUCKY AVE., STE, 215 LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



03202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3657145	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM THOMAS MIMS 100 SOUTH KENTUCKY AVE., STE, 215 LAKELAND, FL 33801
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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: T. Mims Corp. By: William T. Mims 4-17-06 (863) 683-9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

William T. Mims, Pres., Managing Member