


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
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
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



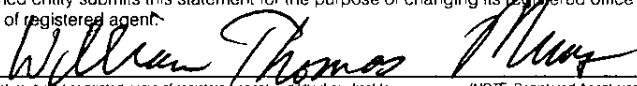
03122008 No Chg-LLC

CR2E083 (12/07)

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  3-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAM THOMAS MIMS 100 SOUTH KENTUCKY AVE., STE, 215 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000866374
04/08/08-80024-025 138.75

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:  3-13-08 863.683.9297 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
