

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000004982

1. Entity Name
CAPITAL REALTY INVESTORS, LLC



Principal Place of Business
**110 EAST STREET NORTH
TAMPA, FL 33602-4108**

Mailing Address
**C/O 6508 E FOWLER AVE
TAMPA, FL 33617**



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2383100

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCINTOSH, ANDREW L
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA, FL 33602**

**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**

**000000277483
03/26/05-80031-014 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALLACE, DONALD
6130 LAZY DAYS BOULEVARD
SEFFNER, FL 335842968**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WACKSMAN, BENJAMIN
110 EAST STREET NORTH
TAMPA, FL 336024108**

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

**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: *Ben Wacksmann*

BEN WACKSMAN

3/23/05 (813)985-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #