


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90099 033 ****50.00

DOCUMENT # L02000006200	
1. Entity Name CAPO'S LLC	

Principal Place of Business 74 NANCY CLAIRE LANE SANTA ROSA BEACH FL 32459 US	Mailing Address 74 NANCY CLAIRE LANE SANTA ROSA BEACH FL 32459 US
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2. Principal Place of Business 1875 S County Hwy 393 Suite, Apt. #, etc. Santa Rosa Bch FL	3. Mailing Address Same Suite, Apt. #, etc.
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City & State FL	City & State FL
Zip 32459	Country US

44001778



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0419255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FORD, THOMAS P 74 NANCY CLAIRE LANE SANTA ROSA BEACH FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE President	<input type="checkbox"/> Delete	TITLE Thomas P Ford	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Thomas P Ford		NAME Thomas P Ford	
STREET ADDRESS 1875 S County Hwy 393		STREET ADDRESS 1875 S County Hwy 393	
CITY-ST-ZIP Santa Rosa Beach, FL 32459		CITY-ST-ZIP Santa Rosa Beach, FL 32459	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** **04/23/03** **(850) 622-1140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)