

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015383

FILED
Apr 18, 2006
Secretary of State

Entity Name: CAPITAL CIRCLE COMMERCE PARK, LLC

Current Principal Place of Business:

PO BOX 3886
TALLAHASSEE, FL 32315

New Principal Place of Business:

Current Mailing Address:

PO BOX 3886
SUITE C
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 16-1616345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, WILLIAM B III
527 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FREGLY, TERRANCE H
Address: PO BOX 3886
City-St-Zip: TALLAHASSEE, FL 32315

Title: P () Delete
Name: LESLIE, ROGER
Address: 5236 SW 91ST DR.
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FREGLY, JOAN H
Address: PO BOX 3886
City-St-Zip: TALLAHASSEE, FL 32315

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAN H FREGLY

P

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date