2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L020000 25288

1. Entity Name

CAPITOL REALTY & MANAGEMENT SERVICES, LLC

Principal Place of Business	Mailing Address
106 East College Ave. Suite 900 Tallahassee, FL 32301	106 East College Ave. Suite 900 Tallahassee, FL 32301

DO NOT WRITE IN THIS SPACE

FILED

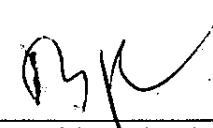04 MAR -2 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S03139904578
05/02/03   90574   049 $50.00

03012004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
01-0745822	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

WOLFE, WALTER H. JR.

106 East College Ave.
Suite 900
Tallahassee, FL   32301

500031517895
03/30/04   01069   001 $50.00

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
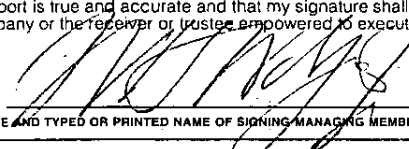
Filing Fee is $50.00
Due by May 1, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOLFE, WALTER H JR
STREET ADDRESS	1909 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2003 - 2004

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _MANAGING MEMBER WALTER H. WOLFE, JR._   3-2-04   850-222-6100

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