

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90071 004 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                      |                                                                                                                                      |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000000577</b><br>1. Entity Name<br><b>CAPITAL DEVELOPMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                      |                                                                                                                                      |                                                                   |  |
| Principal Place of Business<br><b>170 GEORGIA AVE.<br/>CRYSTAL BEACH, FL 34681</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                      | Mailing Address<br><b>P.O. BOX 739<br/>CRYSTAL BEACH, FL 34681</b>                                                                   |                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                            |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                      | City & State                                                                                                                         |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Country                                              |                                                                                                                                      | Zip                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Country                                              |                                                                                                                                      | 4. FEI Number<br><b>02-0665042</b>                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                      |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARBOLT, LAWRENCE<br/>170 GEORGIA AVE.<br/>CRYSTAL BEACH, FL 34681</b>                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                   |  |
| 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 reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                      |                                                                                                                                      |                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Make check payable to<br>Florida Department of State |                                                                                                                                      | DATE                                                              |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                      | 10. ADDITIONS/CHANGES                                                                                                                |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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: <i>Lawrence Harbolt - member</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                      | 4-22-04 727 420 4810                                                                                                                 |                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                      |                                                                                                                                      |                                                                   |  |