

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000000577

1. Entity Name
CAPITAL DEVELOPMENT, LLC



Principal Place of Business
**170 GEORGIA AVE.
CRYSTAL BEACH, FL 34681**

Mailing Address
**P.O. BOX 739
CRYSTAL BEACH, FL 34681**

DO NOT WRITE IN THIS SPACE



04272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0665042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARBOLT, LAWRENCE
170 GEORGIA AVE.
CRYSTAL BEACH, FL 34681**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARBOLT, LAWRENCE
170 GEORGIA AVE
CRYSTAL BEACH, FL 34681**

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STREET ADDRESS
CITY-ST-ZIP

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000000559160
05/17/06-80125-020 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Lawrence Harbolt* **4-27-06** **727 420 4810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #