## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000000577**

1. Entity Name
CAP!TAL DEVELOPMENT, LLC



FILED Aug 08, 2007 08:00 A Secretary of State

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

05192007 No 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

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDRESS

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. It am familiar with, and accept the obligations of registered agent.</li> </ol>			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fii Due t	ling Fee is \$50.00 by September 14, 2007	,	
9,	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	HARBOLT, LAWRENCE	1	
STREET ADDRESS	170 GEORGIA AVE	1	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681		
TITLE			
NAME			Hecopostalano
STREET ADDRESS			U00000771756
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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: Sausency Carloff

July 25, 2007

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