


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

05-23-2008 90161 004 ***138.75

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

2. Principal Place of Business - No P.O. Box #
 7872 Sailboat Key Blvd S.
 (Suite) Apt. #, etc.
 205

3. Mailing Address
 P.O. Box 41251
 Suite, Apt. #, etc.

City & State
 S. Pasadena FL


City & State
 St. Petersburg FL

Zip
 33707

Country
 Pinellas

Zip
 33742

Country
 Pinellas



06292008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent
 Name Lawrence Harbolt
 Street Address (P.O. Box Number is Not Acceptable)
 7872 Sailboat Key Blvd. S., suite 205
 City S. Pasadena FL Zip Code 33707

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 *Lawrence Harbolt MGRM* Lawrence Harbolt DATE June 27, 2008
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBOLT, LAWRENCE 170 GEORGIA AVE CRYSTAL BEACH, FL 34681 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harbolt, Lawrence 7872 Sailboat Key Blvds. suite 205 S. Pasadena FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Lawrence Harbolt MGRM* Lawrence Harbolt DATE June 27, 2008
(Signature and typed or printed name of signing managing member, manager, or authorized representative)

727 420 4810
 Date Daytime Phone #