

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006605

1. Entity Name
CAPITAL LAND DEVELOPMENT, L.L.C.



Principal Place of Business
**2320 THE WOODS DRIVE WEST
JACKSONVILLE, FL 32246**

Mailing Address
**2320 THE WOODS DRIVE WEST
JACKSONVILLE, FL 32246**



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2439706

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAYES, DENNIS E
2320 THE WOODS DRIVE WEST
JACKSONVILLE, FL 32246**

**DO NOT WRITE
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**

U00000499063
04/24/06-80015-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GEUTHER, STEVEN R
5803 COUNTY ROAD 209 SOUTH
GREEN COVE SPRINGS, FL 32043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAYES, DENNIS E
2320 THE WOODS DRIVE WEST
JACKSONVILLE, FL 32246**

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/06 221-3135

Date

Daytime Phone #