

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-22-2004 90353 010 ****50.00

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01052004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000013789 1. Entity Name CAPSTONE SANFORD, LLC					
Principal Place of Business 801 N. ARMENIA AVENUE TAMPA, FL 33609			Mailing Address 801 N. ARMENIA AVENUE TAMPA, FL 33609		
2. Principal Place of Business 1700 S. Macdill Avenue Suite 240 Tampa, Florida 33629 USA		3. Mailing Address 1700 S. Macdill Avenue Suite 240 Tampa, Florida 33629 USA		4. FEI Number 30-0167975	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Managing Member <input type="checkbox"/> Delete Capstone Group Inc. 1700 S. Macdill Ave #240 Tampa, FL 33629	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Managing Member <input type="checkbox"/> Delete James T. Burt II 1700 S. Macdill Ave #240 Tampa FL 33629	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Managing Member <input type="checkbox"/> Delete Gordon A. McBride 1700 S. Macdill Ave #240 Tampa, FL 33629	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Managing Member <input type="checkbox"/> Delete David E. Martin 1700 S. Macdill Ave #240 Tampa, FL 33629	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		1-05-04 812-252-3535 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>			