2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004
Secretary of State

DOCUMENT# L03000022840

Entity Name: CAPPS FAMILY LLC

Current Principal Place of Business:

225 BLUE RIDGE PARKWAY
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 989
FREEPORT, FL 324290989

New Mailing Address:

P.O. BOX 989
FREEPORT, FL 324390989

FEI Number: 20-1524714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPPS, ROBERT E
225 BLUE RIDGE PARKWAY
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CAPPS, ROBERT E
Address: 225 BLUE RIDGE PARKWAY
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT E. CAPPS MGR 08/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date