

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000023369

Entity Name: CAPITAL RESOURCES, LLC

**FILED**  
**Apr 11, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

36750 JEFFERSON AVE.  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

36750 JEFFERSON AVE.  
DADE CITY, FL 33523

**New Mailing Address:**

PO BOX 800  
DADE CITY, FL 33526

FEI Number: 20-0307041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPES, MARK  
36750 JEFFERSON AVE.  
DADE CITY, FL 33523

**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:

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CAPES, MARK  
Address: 36750 JEFFERSON AVE  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM ( ) Change (X) Addition  
Name: FECTEAU, KEVIN  
Address: 7791 UPPER RIVER RD  
City-St-Zip: TALLASSEE, AL 36078

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: MARK CAPES

MGRM

04/11/2004

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