

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000024785

1. Entity Name  
CAPSTONE MOON LAKE, LLC



Principal Place of Business  
1700 SOUTH MAC DILL AVENUE  
TAMPA, FL 33609

Mailing Address  
1700 SOUTH MAC DILL AVENUE  
TAMPA, FL 33609



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0077305

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JONES, BRENT A  
220 SOUTH FRANKLIN STREET  
TAMPA, FL 33602

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CAPSTONE GROUP INC  
1700 S MACDILL AVE # 240  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BURT, JAMES T II  
1700 S MACDILL AVE # 240  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MCBRIDGE, GORDON A  
1700 S MACDILL AVE # 240  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MARTIN, DAVID E  
1700 S MACDILL AVE # 240  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

100000183640  
01/24/05-80104-1009 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

1-12-05

Date

83-253-3535

Daytime Phone #