

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90118 015 ****50.00

DOCUMENT # L03000036616

1. Entity Name

FLORIDA CAPITAL - HOUSTON, LLC



Principal Place of Business

300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746

Mailing Address

300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746



03162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0584938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, C. THOMAS
300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746

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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 MGR
NAME SELBY, C. THOMAS
STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 300
CITY-ST-ZIP HEATHROW, FL 32746

TITLE MGR
NAME CHRISTY, KATHERINE A
STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 300
CITY-ST-ZIP HEATHROW, FL 32746

TITLE
NAME
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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

Date

Daytime Phone #