

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038427

FILED
Apr 28, 2006
Secretary of State

Entity Name: CAPSTONE DEVELOPMENT, LLC

Current Principal Place of Business:

2935 FOREST CIRCLE
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

2935 FOREST CIRCLE
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 57-1194616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUTSMAN & THAMES, P.A.
121 WEST FORSYTH STREET, SUITE 600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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: GWEN HUTCHESON GRIGGS, EVP

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EDMONDS, DANA H MGRM
Address: 9309 SUITE 1-A OLD KINGS RD. S
City-St-Zip: JACKSONVILLE, FL 32257 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDMONDS, DANA H
Address: 9309-1A OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGR () Change (X) Addition
Name: CUTTS, WILLIAM
Address: 9309-1A OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM CUTTS

MGR

04/28/2006

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