
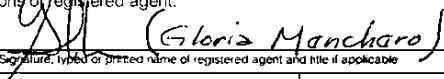


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90226 006 ****50.00

DOCUMENT # L03000038427 1. Entity Name CAPSTONE DEVELOPMENT, LLC					
Principal Place of Business 2935 FOREST CIRCLE JACKSONVILLE, FL 32223			Mailing Address 2935 FOREST CIRCLE JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box # 9309 Old Kings Rd. S.		3. Mailing Address 9309 Old Kings Rd. S.			
Suite, Apt. #, etc. 1-A		Suite, Apt. #, etc. 1-A			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 57-1194616	
Zip 32257		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Gloria Manchero Street Address (P.O. Box Number is Not Acceptable) 9309 Old Kings Rd. S 1-A City Jacksonville State FL Zip Code 32257			
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  (Gloria Manchero) DATE 4/02/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDMONDS, DANA H 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTTS, WILLIAM 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dana Edmonds <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/02/07 Daytime Phone # (904) 737-9322		

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03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
57-1194616

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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Make check payable to
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/02/07 Daytime Phone # (904) 737-9322