2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038427

1. Entity Name

CAPSTONE DEVELOPMENT, LLC



Principal Place of Business

9309 OLD KINGS RD SOUTH

1-A

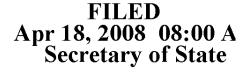
JACKSONVILLE, FL 32257

Mailing Address

9309 OLD KINGS RD SOUTH

1-A

JACKSONVILLE, FL 32257





DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1194616

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENCHERO, GLORIA 9309 OLD KINGS RD SOUTH 1-A JACKSONVILLE, FL 32257

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 The above named entity submits this statement for the purpose of chair the obligations of registered agent. 	nging its registered office or registered agent, or both, in the S	state of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent aignature required when remetating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	·	

MANAGING MEMBERS/MANAGERS MGR TITLE HAME EDMONDS, DANA H 9309-1A OLD KINGS ROAD SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE **CUTTS, WILLIAM** NAME 9309-1A OLD KINGS ROAD SOUTH STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-78 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 cath; 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.

GNATURE: M. M.

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

4/16/08 (904) 737-9322