

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054650

1. Entity Name
CAPSTONE BOGGY CREEK, LLC



Principal Place of Business
**1700 SOUTH MACDILL AVE, STE 240
TAMPA, FL 33629**

Mailing Address
**1700 SOUTH MACDILL AVE, STE 240
TAMPA, FL 33629**



01072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0500114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
220 SOUTH FRANKLIN ST
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
MCBRIDE, 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

1100000180488
01/14/05-80007-015 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

Date

Daytime Phone #