

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-25-2005 90131 025 ****50.00

DOCUMENT # L04000003016

1. Entity Name
CAPITOL DEVELOPMENT USA, L.L.C.



Principal Place of Business Mailing Address
11202 ST. JOHNS INDUSTRIAL PKWY NORTH, #1 JACKSONVILLE, FL 32246

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03092005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0497175** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALSHAW, LARRY E
11202 ST. JOHNS INDUSTRIAL PKWY #1
JACKSONVILLE, FL 32246

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reconstituting) DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME **BRADY, JAMES J**
STREET ADDRESS **11202 ST. JOHNS INDUSTRIAL PKWY NORTH, #1**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME **WALSHAW, LARRY**
STREET ADDRESS **11202 ST. JOHNS INDUSTRIAL PKWY NORTH, #1**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME **GEOPFREY R. ZUSCHLAG**
STREET ADDRESS **11202 ST JOHNS INDUSTRIAL PKWY N #1**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-17-05 904-928-2081

Date Daytime Phone #