

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003016

FILED
Jan 08, 2007
Secretary of State

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

Current Principal Place of Business:

3740 ST JOHNS BLUFF RD S
#16
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

3740 ST JOHNS BLUFF RD S
#16
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-0497175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSHAW, LARRY E
3740 ST JOHNS BLUFF RD S
#16
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRADY, JAMES G
Address: 3740 ST JOHNS BLUFF RD S # 16
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: WALSHAW, LARRY E
Address: 3740 ST JOHNS BLUFF RD S #16
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: ZUSCHLAG, GEOFF
Address: 3740 ST JOHNS BLUFF RD S #16
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LARRY WALSHAW

MGRM

01/08/2007

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