

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034182

Entity Name: CAPS, LLC

FILED  
Mar 27, 2007  
Secretary of State

**Current Principal Place of Business:**

4687 SOUTH ATLANTIC AVE.  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4670 LINKS VILLAGE DRIVE #A304  
PONCE INLET, FL 32127

**New Mailing Address:**

4687 S. ATLANTIC AVE  
PONCE INLET, FL 32127

FEI Number: 20-1162865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPS,  
4670 LINKS VILLAGE DR.  
#A304  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

CAPS,  
4687 S. ATLANTIC AVE  
PONCE INLET, FL 32127 US

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: HEATHER PATTON

03/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PATTON, HEATHER  
Address: 4687 SOUTH ATLANTIC AVE.  
City-St-Zip: PONCE INLET, FL 32127

Title: ST ( ) Delete  
Name: PATTON, THOMAS  
Address: 4687 SOUTH ATLANTIC AVE.  
City-St-Zip: PONCE INLET, FL 32127

**ADDITIONS/CHANGES:**

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: HEATHER PATTON

MGR

03/27/2007

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