

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052108

Entity Name: CAPAZ, LLC

FILED  
Jun 07, 2007  
Secretary of State

## Current Principal Place of Business:

1311 N WEST SHORE BLVD., STE 312  
TAMPA, FL 336074616

## New Principal Place of Business:

101 E KENNEDY BLVD  
STE 3000  
TAMPA, FL 33602

## Current Mailing Address:

1311 N WEST SHORE BLVD  
STE 312  
TAMPA, FL 33607

## New Mailing Address:

101 E KENNEDY BLVD  
STE 3000  
TAMPA, FL 33602

FEI Number: 34-2006589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PEREZ, JANE M  
15004 BARBY AVE  
TAMPA, FL 33625      US

## Name and Address of New Registered Agent:

CAPAZ, JANE M  
15004 BARBY AVE  
TAMPA, FL 33625      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: JANE M. CAPAZ

06/07/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MM      ( ) Delete  
Name: PEREZ, JANE M  
Address: 15004 BARBY AVE  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES:

Title: MM      (X) Change ( ) Addition  
Name: CAPAZ, JANE M  
Address: 15004 BARBY AVE  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify 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: JANE M. CAPAZ

MM

06/07/2007

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