

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064016

Entity Name: CAPSTONE ACADEMY, LLC

FILED
Jan 12, 2006
Secretary of State

Current Principal Place of Business:

2912 NORTH E STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

2912 NORTH E STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-0737912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITE, DR. SHERRY A
2912 N. "E" ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

WHITE, DR. SHERRY A
2912 N.
PENSACOLA, FL 32501 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:

01/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCLAMB, BILLY D
Address: 3838 NAVY BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: RENFROE, J. BEN M.D.
Address: 5153 N. 9TH AVE SUITE 300
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: GOETTER, SUSAN
Address: 5320 MOUNTAIN LAUREL LN
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: FIELDER, MICHELE W
Address: 70 N. BAYLEN ST.
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCLAMB, BILLY D
Address: 3838 NAVY BLVD
City-St-Zip: PENSACOLA, FL 32507

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

Title: MGRM (X) Change () Addition
Name: HILL, MIKE
Address: 611 NEW WARRINGTON RD
City-St-Zip: PENSACOLA, FL 32506

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

Title: MGR () Change (X) Addition
Name: FAIR, BOBBY
Address: 125 WEST ROMANA ST
City-St-Zip: PENSACOLA, FL 32502

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: BOBBY FAIR

MGR

01/12/2006

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