2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064016

Entity Name: CAPSTONE ACADEMY, LLC

125 WEST ROMANA ST

PENSACOLA, FL 32502

Address:

City-St-Zip:

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2912 NORTH E STREET PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 2912 NORTH E STREET PENSACOLA, FL 32501 FEI Number: 59-0737912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MCLAMB, BILLY D Name: Name: 3838 NAVY BLVD Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: RENFROE, J. BEN M.D. Name: Address: 5153 N. 9TH AVE SUITE 300 Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition HILL, MIKE Name: Name: 611 NEW WARRINGTON RD Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FIELDER, MICHELE W Name: Address: 70 N. BAYLEN ST. Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FAIR, BOBBY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: BOBBY FAIR CHAI 03/22/2007