

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064016

Entity Name: CAPSTONE ACADEMY, LLC

FILED
Apr 03, 2008
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.
PENSACOLA, FL 32501 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: 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: HILL, MIKE
Address: 611 NEW WARRINGTON RD
City-St-Zip: PENSACOLA, FL 32506

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARBEE, ANNA
Address: 2704 N. 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

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

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

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

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

Title: MGRM () Change (X) Addition
Name: LINTNER, BARRY
Address: 6310 PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32503

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: J. BEN RENFROE

MGR

04/03/2008

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