2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 16, 2008 08:00 A Secretary of State

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1. Entity Name

CAPITAL DIMENSIONS, LLC



Principal Place of Business

Mailing Address

2120 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 2120 UNIVERSITY BLVD W JACKSONVILLE, FL 32217



04142008 No Chg-LLC

CR2E083 (12/07)

83-0427201 Not Applicable Status Position \$5.00 Additional	Not Applicable
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5. Name and Address of Current Registered Agent

HYERS, STEVEN L 2120 UNIVERSITY BLVD W JACKSONVILLE, FL 32217

the obligations of registered agent.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

SIGNATURE.

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OIGHAI OI ILL	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000900649 04/29/08-80038-010 138.75		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYERS, STEVEN L 2120 UNIVERSITY BLVD W JACKSONVILLE, FL 32217				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			• •		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					

INNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8. 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. I am familiar with, and accept