


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000012961</b> 1. Entity Name CAPITAL MEDIATORS & LEGAL-SERVICES, LLC	
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Principal Place of Business 2629 MITCHAM DRIVE TALLAHASSEE, FL 32308	Mailing Address 2629 MITCHAM DRIVE TALLAHASSEE, FL 32308
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2409246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SMITH, J. LAYNE 2629 MITCHAM DRIVE TALLAHASSEE, FL 32308
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<b>DO NOT WRITE IN THIS SPACE</b>
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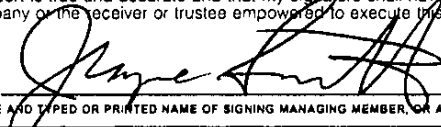
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, J. LAYNE 2629 MITCHAM DR TALLAHASSEE, FL 32308
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<p>U000000681045 04/04/07-80026-019 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-26-07 (SS) 385-800 <small>Date Daytime Phone</small>
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