

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90309 007 \*\*\*138.75

**DOCUMENT # L05000028282**

1. Entity Name  
**CAPTIVA SOUND II, LLC**



Principal Place of Business  
**4720 SE 15TH AVE.  
CAPE CORAL, FL 33904**

Mailing Address  
**42 BARKLEY CIRCLE #3  
FORT MYERS, FL 33907 US**

**60045720**



2. Principal Place of Business - No P.O. Box #  
**3613 Del Prado Blvd**  
Suite, Apt. #, etc.  
**2nd Floor, Suite A**

3. Mailing Address  
**P.O. Box 101526**  
Suite, Apt. #, etc.

City & State  
**Cape Coral FL**

Zip  
**33904** Country  
**USA**

City & State  
**Cape Coral FL**

Zip  
**33910-1526** Country  
**USA**

04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**52-2456073**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAYWOOD, STEPHEN W  
4720 SE 15TH AVE.  
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name  
**Haywood, Stephen W**

Street Address (P.O. Box Number is Not Acceptable)  
**3613 Del Prado Blvd**

**2nd Fl, Suite A**

City  
**Cape Coral** FL Zip Code  
**33904**

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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	HAYWOOD, STEPHEN W	42 BARKLEY CIRCLE #3	FORT MYERS, FL 33907	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	Haywood, Stephen	3613 Del Prado Blvd, 2nd Fl	Ste A	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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.

SIGNATURE:

*[Signature]*

4/17/08 2399451949