

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037731

FILED  
Aug 04, 2006  
Secretary of State

Entity Name: CAPITOL JOINT VENTURES LLC

## Current Principal Place of Business:

186 VIA PERIGNON  
NAPLES, FL 34119

## New Principal Place of Business:

9555 LITCHFIELD LANE  
NAPLES, FL 34109

## Current Mailing Address:

186 VIA PERIGNON  
NAPLES, FL 34119

## New Mailing Address:

9555 LITCHFIELD LANE  
NAPLES, FL 34109

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CHADWICK, JENNIFER  
186 VIA PERIGNON  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

CHADWICK, JENNIFER  
9555 LITCHFIELD LANE  
NAPLES, FL 34109 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: JENNIFER CHADWICK

08/04/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SIMMONS, THOMAS  
Address: 186 VIA PERIGNON  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: CHADWICK, JENNIFER  
Address: 186 VIA PERIGNON  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: CHADWICK, JENNIFER  
Address: 9555 LITCHFIELD LANE  
City-St-Zip: NAPLES, FL 34109

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.

SIGNATURE: JENNIFER CHADWICK

MGRM

08/04/2006

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