

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000051910

Entity Name: CAPA MANAGEMENT, LLC

**FILED**  
**Feb 21, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

409 NIGHTHAWK LANE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

409 NIGHTHAWK LANE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 20-2890626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHAN, NISHAD A  
SEMPER WOODS, P.A.  
425 WEST COLONIAL DRIVE, SUITE 204  
ORLANDO, FL 32804 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: NGR ( ) Delete  
Name: HUND, PAUL W III  
Address: 409 NIGHTHAWK LANE  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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

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: PAUL W HUND, III MD

MGR

02/21/2008

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