

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90025 019 ****50.00

DOCUMENT # L05000062940						
1. Entity Name CAPITAL VIEW, LLC						
Principal Place of Business 287 PINWOOD DRIVE TALLAHASSEE, FL 32303			Mailing Address 287 PINWOOD DRIVE TALLAHASSEE, FL 32303			
2. Principal Place of Business 1618 Mahan Center Blvd Suite, Apt. #, etc. Suite 103 City & State Tallahassee FL Zip 32308 Country USA		3. Mailing Address 1618 Mahan Center Blvd Suite, Apt. #, etc. Suite 103 City & State Tallahassee FL Zip 32308 Country USA				
4. FEI Number 20-3180832		02272006 Chg-LLC CR2E083 (11/05)				
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent PALMER, WALDO H JR. 287 PINWOOD DRIVE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1618 Mahan Center Blvd Suite 103 City Tallahassee FL Zip Code 32308			
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		DATE <u>2/27/06</u>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, ROBERT C % 287 PINWOOD DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1618 Mahan Center Blvd Suite 103 Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, WALDO H JR. % 287 PINWOOD DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1618 Mahan Center Blvd Suite 103 Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		DATE: <u>2/27/06</u>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>						