2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000062940

1. Entity Name
CAPITAL VIEW, LLC



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1618 MAHAN CNTR BLVD STE 103 TALLAHASSEE, FL 32308 1618 MAHAN CNTR BLVD

STE 103

TALLAHASSEE, FL 32308



04172007 No Chg-LLC

CR2E083 (11/05)

4, FEI Number 20-3180832 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, WALDO H JR. 1618 MAHAN CNTR BLVD, STE 103 TALLAHASSEE, FL 32308

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, ROBERT C 1618 MAHAN CNTR BLVD, STE 103 TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, WALDO H JR. 1618 MAHAN CNTR BLVD, STE 103 TALLAHASSEE, FL 32308	
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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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTA

4/20/02

Daytime Phone #