## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000062940**

1. Entity Name CAPITAL VIEW, LLC



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

1618 MAHAN CNTR BLVD

STE 103

TALLAHASSEE, FL 32308

Mailing Address

1618 MAHAN CNTR BLVD

STE 103

NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32308



02042008 No Chg-LLC

CR2E083 (12/07)

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

## DO NOT WRITE IN THIS SPACE

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 reinstalling)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

\_\_\_\_\_\_U00000890452 04/22/08-80096-005 138.7

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DEAN, ROBERT C
STREET ADDRESS	1618 MAHAN CNTR BLVD, STE 103
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGR
NAME	PALMER, WALDO H JR.
STREET ADDRESS	1618 MAHAN CNTR BLVD, STE 103
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

DO NOT WRITE IN THIS SPACE

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, Fiorida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WEMPER, OR AUTHORIZED REPRESENTATIVE



4/4/08 850942-6005

Daytime Phone #