

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119861

Entity Name: CAPITAL MOVES, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

700 ALMOND STREET
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

700 ALMOND STREET
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 76-0809417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, BRET ESQ.
700 ALMOND STREET
CLERMONT, FL 34711 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: MGRM () Delete
Name: AINGER, CARL
Address: 700 ALMOND STREET
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: MARTIN, TIM
Address: 700 ALMOND STREET
City-St-Zip: CLERMONT, FL 34711

Title: MGR (X) Delete
Name: JONES, BRET
Address: 700 ALMOND STREET
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AINGER, CARL
Address: 700 ALMOND STREET
City-St-Zip: CLERMONT, FL 34711

Title: MGR (X) Change () Addition
Name: MARTIN, TIM
Address: 700 ALMOND STREET
City-St-Zip: CLERMONT, FL 34711

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: CARL AINGER/HHL

MGR

04/29/2008

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