2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State
02-27-2007 90079 016 ****50.00

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1. Entity Name
CAPSTONE CAPITAL MORTGAGE, LLC

Principal Place of Business	Mailing Address
8603 MISTY SPRINGS CT. TAMPA, FL 33635	8603 MISTY SPRINGS CT. TAMPA, FL 33635

02212007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13907 N. Dale Mabry Hwy	
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33618 Country: USA	Zip Country

4. FEI Number: 56-2550472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PETTOFREZZO, ROBERT W
8603 MISTY SPRINGS CT.
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 RW Pettofrezzo 2/21/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTOFREZZO, ROBERT W 8603 MISTY SPRINGS CT. TAMPA, FL 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RW Pettofrezzo ROBERT PETTOFREZZO 2/21/07 (813) 514-9422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RW Pettofrezzo