


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90043 013 ***138.75

DOCUMENT # L06000058750		
1. Entity Name CAPITAL PROSPECTORS, LLC		

Principal Place of Business 36645 SUNSHINE ROAD ZEPHYRHILLS, FL 33541	Mailing Address 36645 SUNSHINE ROAD ZEPHYRHILLS, FL 33541
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60033400



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5070321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FONDER, TROY 36645 SUNSHINE ROAD ZEPHYRHILLS, FL 33541	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONDER, TROY 36645 SUNSHINE RD ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JOHN P 407 LENNA AVE SEFFNER, FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *X [Signature] member* **Y 4-30-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT # 60039409
606000058750

Form **941 for 2008: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2008) Department of the Treasury -- Internal Revenue Service

1213

970108

OMB No. 1545-0029

Report for this Quarter of 2008 (Check one.)

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

(EIN)

Employer identification number 20-4988932

Name (not your trade name) FONDER PRODUCTIONS LLC

Trade name (if any) _____

Address 36645 SUNSHINE ROAD

ZEPHYRHILLS, FL 33541-1183

Part 1: Answer these questions for this quarter.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1 0
- 2 Wages, tips, and other compensation 2 0.00
- 3 Total income tax withheld from wages, tips, and other compensation 3 _____
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.
- 5 Taxable social security and Medicare wages and tips:
- | | Column 1 | | Column 2 |
|--|-----------------------------|----------|-----------------------------|
| 5a Taxable social security wages | <u> </u> | x .124 = | <u> </u> |
| 5b Taxable social security tips | <u> </u> | x .124 = | <u> </u> |
| 5c Taxable Medicare wages & tips | <u> </u> | x .029 = | <u> </u> |
| 5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) | | 5d | <u> </u> |
| 6 Total taxes before adjustments (lines 3 + 5d = line 6) | | 6 | <u> </u> |
| 7 TAX ADJUSTMENTS (read instructions for line 7 before completing lines 7a through 7g): | | | |
| 7a Current quarter's fractions of cents | | | <u> </u> |
| 7b Current quarter's sick pay | | | <u> </u> |
| 7c Current quarter's adjustments for tips and group-term life insurance | | | <u> </u> |
| 7d Current year's income tax withholding (attach Form 941c) | | | <u> </u> |
| 7e Prior quarters' social security and Medicare taxes (attach Form 941c) | | | <u> </u> |
| 7f Special additions to federal income tax (attach Form 941c) | | | <u> </u> |
| 7g Special additions to social security and Medicare (attach Form 941c) | | | <u> </u> |
| 7h TOTAL ADJUSTMENTS (combine all amounts: lines 7a through 7g) | | 7h | <u> </u> |
| 8 Total taxes after adjustments (combine lines 6 and 7h) | | 8 | <u> </u> |
| 9 Advance earned income credit (EIC) payments made to employees | | 9 | <u> </u> |
| 10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) | | 10 | <u>0.00</u> |
| 11 Total deposits for this quarter, including overpayment applied from a prior quarter | | 11 | <u> </u> |
| 12 Balance due (If line 10 is more than line 11, enter the difference here.) | | 12 | <u> </u> |

For information on how to pay, see the instructions.

13 Overpayment (If line 11 is more than line 10, enter the difference here.)

Check one ☐ Apply to next return.
☐ Send a refund.

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ATTACHMENT

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Form 941 (Rev. 1-2008) Page 2

Name (not your trade name)

FONDER PRODUCTIONS LLC

Employer identification number (EIN)

20-4988932

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 ☐ Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.15 Check one: ☒ Line 10 is less than \$2,500. Go to Part 3.☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**16 If your business has closed or you stopped paying wages. ☐ Check here, and

enter the final date you paid wages

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☒ Yes. Designee's name and phone number

James P Swift CPA

813-788-7070

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

☐ No.**Part 5: Sign here. You MUST fill out both pages of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign your name here

Print your name here

TROY FONDER

Print your title here

MANAGER

Date

4-30-08

Best daytime phone

813-780-9373

Part 6: For paid preparers only (optional)

Paid Preparer's Signature

Firm's name (or yours if self-employed)

Address

EIN

ZIP code

Date

04/29/2008

Phone

SSN/PTIN

☐ Check if you are self-employed.

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