

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062087

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: CAPTIVA PARTNERS, LLC

## Current Principal Place of Business:

154 LAWN AVENUE  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

3545 U.S.1 SOUTH  
ST. AUGUSTINE, FL 32086

## Current Mailing Address:

154 LAWN AVENUE  
ST. AUGUSTINE, FL 32084

## New Mailing Address:

3545 U.S.1 SOUTH  
ST. AUGUSTINE, FL 32086

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVENPORT, GARY B  
5203 JOHN ANDERSON HIGHWAY  
FLAGLER BEACH, FL 32136 US

## Name and Address of New Registered Agent:

KILLEBREW, JESSE P  
154 LAWN AVE.  
ST. AUGUSTINE, FL 32084 US

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: JESSE KILLEBREW

04/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KILLEBREW, JESSE  
Address: 154 LAWN AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM ( ) Delete  
Name: PALMER, TAMMY  
Address: 3545 U.S. 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TAMMY D. PALMER

MGMR

04/24/2008

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