2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# L06000068394

Entity Name: CAPT, LLC

Current Principal Place of Business:

1000 AVIATION DR.
BUNNELL, FL 32110

New Principal Place of Business:

1000 AVIATION DR.
PALM COAST, FL 32164

Current Mailing Address:

1000 AVIATION DR.
BUNNELL, FL 32110

New Mailing Address:

1000 AVIATION DR.
PALM COAST, FL 32164

FEI Number: 65-1287472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE & LEE, PL
111 NORTH ORANGE AVE., SUITE 1450
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: GILMER, ERIC E
Address: 4910 ROSEWOOD LAKE DRIVE
City-St-Zip: CUMMING, GA 30040

Title: MGRM ( ) Change (X) Addition
Name: COOPER, BRUCE D
Address: 2983 PONDEROSA CIRCLE
City-St-Zip: DECATUR, GA 30033

Title: MGRM ( ) Change (X) Addition
Name: BOOTHROYD, JAN
Address: 1420 NEW BELLEVUE AVE APT 1605
City-St-Zip: DATYONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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: JAN BOOTHROYD MGRM 04/05/2007

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