

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074519

Entity Name: CAPITAL EDGE, LLC

FILED  
Feb 18, 2008  
Secretary of State

**Current Principal Place of Business:**

3842 PEBBLE BROOK CIRCLE  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

3842 PEBBLE BROOK CIRCLE  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: POWELL, STEPHEN  
Address: 33 E. GRAND STREET #C-2A  
City-St-Zip: MOUNT VERNON, NY 10552

Title: MGRM ( ) Delete  
Name: HARRIS, ALICEA  
Address: 3044 SOUTHWALL COURT  
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM ( ) Delete  
Name: DODARD, GARRY  
Address: 3119 DE LEON ST  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: BURGESS, MELISSA  
Address: 3842 PEBBLE BROOK CIRCLE  
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM ( ) Delete  
Name: MCNAIR, NICOLE  
Address: 13908 AMBERLY CT.  
City-St-Zip: BOWIE, MD 20720

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: DODARD, GARRY  
Address: 33 HORSESHOE LANE  
City-St-Zip: HIRAM, GA 30141

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

Title: MGRM (X) Change ( ) Addition  
Name: MCNAIR, NICOLE  
Address: 13908 AMBERLY COURT  
City-St-Zip: BOWIE, MD 20720

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: NICOLE MCNAIR

MGRM

02/18/2008

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