

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077926

FILED
Jan 15, 2007
Secretary of State

Entity Name: CAPSTONE REAL ESTATE AND DEVELOPMENT, LLC

Current Principal Place of Business:

2210 VANDERBILT BEACH ROAD, SUITE 1201
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2210 VANDERBILT BEACH ROAD, SUITE 1201
NAPLES, FL 34109

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:

CONROY, J. THOMAS III
2210 VANDERBILT BEACH ROAD, SUITE 1201
NAPLES, FL 34109 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: POTESIO, FRANK P JR.
Address: 7995-B PRESERVE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: MOLA, DAVID
Address: 2025 LAGUNA WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: CONROY, J. THOMAS III
Address: 2210 VANDERBILT BEACH ROAD, SUITE 1201
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

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 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: DAVID J. MOLA

MGRM

01/15/2007

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