

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90338 020 \*\*\*\*50.00

**DOCUMENT # L06000088729**

1. Entity Name  
**CAPITAL REALTY GRAND OAK, LLC**



Principal Place of Business  
**15310 AMBERLY DRIVE, STE. 250  
TAMPA, FL 33647**

Mailing Address  
**6508 EAST FOWLER AVENUE  
TAMPA, FL 33617**

**60036507**



2. Principal Place of Business - No P.O. Box #  
**2330 W. Horatio St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State  
**Tampa, FL**

City & State

4. FEI Number  
**20-5551390**

Applied For  
Not Applicable

Zip  
**33609**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTOSH, ANDREW L  
% DLA PIPER RUDNICK GRAY CARY US LLP  
101 EAST KENNEDY BLVD., STE. 2000  
TAMPA, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WACKSMAN, BENJAMIN  
2330 W. HORATIO ST  
TAMPA, FL 33609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WALLACE, DONALD  
6130 LAZY DAYS BLVD  
SEFFNER, FL 33584-2968**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

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:**

*Ben Wacksmann*

**BENJAMIN WACKSMAN 4/13/07 (813) 985-1148**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #