

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101793

FILED
Mar 16, 2007
Secretary of State

Entity Name: CAPS CONSTRUCTION SERVICES LLC

Current Principal Place of Business:

3300 SW MAPP ROAD
PALM CITY, FL 34990

New Principal Place of Business:

3477 SW PALM CITY RD SUITE C
PALM CITY, FL 34990

Current Mailing Address:

3300 SW MAPP ROAD
PALM CITY, FL 34990

New Mailing Address:

3477 SW PALM CITY SCHOOL RD
PALM CITY, FL 34990

FEI Number: 32-0184742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, TERRY L
2702 MAPLEWOOD DRIVE
GREENACRES, FL 33415 US

Name and Address of New Registered Agent:

WEDGWOOD, BRIAN L
1693 SE 34 STREET
PALM CITY, FL 33490 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: BRIAN WEDGWOOD

03/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDWARDS, TERRY L
Address: 2702 MAPLEWOOD DRIVE
City-St-Zip: GREENACRES, FL 33415

Title: MGR (X) Delete
Name: WEDGWOOD, BRIAN
Address: 1693 SW 34 ST
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WEDGWOOD, BRIAN L
Address: 1693 SW 34 STREET
City-St-Zip: PALM CITY, FL 34990

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: BRIAN WEDGWOOD

PRES

03/16/2007

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