2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

DOCUMENT # L07000013587 1. Entity Name CAPITAL INVESTORS, LLC						03-13-2008 9	90268 003 ***	138.75
Principal Place of Business 17619 ARCHLAND PASS ROAD LUTZ, FL 33558		Mailing Address 17619 ARCHLAND PASS ROAD LUTZ, FL 33558			14448	OFINI HOPO INOLENIO (SI	H (2006) (M (89)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-LLC	CR2E083 (12/0	06)	
City & State		City & State		4. FEI Numbe	1987895		Applied For Not Applicable	
Zip	Country	Zip	Country			of Status Desired		Additional uired
	6. Name and Address of Current F	legistered Agent		-	7. Name and	Address of New Re	gistered Agent	
ODIECINI	ievanees i			Name				
GRIFFIN, JENNIFER L 17619 ARCHLAND PASS ROAD LUTZ, FL 33558				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered	d office or register	red agent, or boti	n, in the State of Flor	ida. I am familiar w	ith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title d annicable (NOTE	Renistered	Agent signature required	(when reinstation)		DATE	
	Signature, types or printing pains or registered agent a	The state of the s	regection	Agon agricule require	, who re is a say,		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							check payable to Department of S	
9. 13.	MANAGING MEMBER	L RS/MANAGERS	10.		1	ADDITIONS/0	CHANGES	
TITLE .	MGRM .	☐ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME	GRIFFIN, RANDALL W	_ 34.44	NAME	-				
STREET ADDRESS	17619 ARCHLAND PASS ROAD		NAME					
CITY-ST-ZIP				T ADDRESS	•			
	LUTZ, FL 33558		STREE					
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Inereby certify that the information supplied with this fitting 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE 3/11/08 813 731 4812