


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90260 017 ***138.75

DOCUMENT # L07000044535	
1. Entity Name CAPSTONE EDUCATIONAL SERVICES, LLC	

Principal Place of Business 225 FIFTH AVENUE SUITE 7 INDIALANTIC, FL 32903	Mailing Address 1901 HIGHWAY ALA INDIAN HARBOUR BEACH, FL 32937
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60015134



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 225 5th Ave. Suite #7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Indialantic
Zip	Zip 32903
Country	Country USA

02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0212845	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, DAVID C 1901 HIGHWAY ALA INDIAN HARBOUR BEACH, FL 32937	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, TERRI W 225 FIFTH AVENUE, SUITE 7 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, DAVID C 225 FIFTH AVENUE, SUITE 7 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Terri W. Clark, Manager 2-27-07 321-727-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #