

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019648

FILED
Mar 03, 2009
Secretary of State

Entity Name: CAPSTONE HARBORVIEW, LLC

Current Principal Place of Business:

1700 S. MACDILL AVENUE, SUITE 240
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1700 S. MACDILL AVENUE, SUITE 240
TAMPA, FL 33629

New Mailing Address:

FEI Number: 26-2039062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: THE JAMES T. BURT II, REVOCABLE LIVING TRUST
Address: 1700 S. MACDILL AVENUE SUITE 240
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Change (X) Addition
Name: MCBRIDE, GORDON A
Address: 1700 S. MACDILL AVENUE SUITE 240
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Change (X) Addition
Name: MARTIN, DAVID E
Address: 1700 S. MACDILL AVENUE SUITE 240
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Change (X) Addition
Name: WILLIAM A. GLOVER & ASSOCIATES INC.
Address: 2830 COUNTRYSIDE BLVD. SUITE 211
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify 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: JAMES T. BURT II

MGRM

03/03/2009

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