2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L08000080483

Entity Name: CAPSTONE ALLIANCE, LLC

Current Principal Place of Business:

904 CAMELOT LAND
LAKELAND, FL 33813

New Principal Place of Business:

904 CAMELOT LANE
LAKELAND, FL 33813

Current Mailing Address:

904 CAMELOT LAND
LAKELAND, FL 33813

New Mailing Address:

904 CAMELOT LANE
LAKELAND, FL 33813

FEI Number: 26-3634851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YRASTORZA, DAVID G
904 CAMELOT LAND
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

YRASTORZA, DAVID G
904 CAMELOT LANE
LAKELAND, FL 33813 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: _____ 04/20/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YRASTORZA, DAVID G
Address: 904 CAMELOT LAND
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete
Name: YRASTORZA, WANDA D
Address: 904 CAMELOT LAND
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: YRASTORZA, DAVID G
Address: 904 CAMELOT LANE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Change ( ) Addition
Name: YRASTORZA, WANDA D
Address: 904 CAMELOT LANE
City-St-Zip: LAKELAND, FL 33813

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: WANDA D. YRASTORZA MGRM 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date