

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000113933

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** CAPSTONE ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

500 S. FLORIDA AVE STE 700  
LAKELAND, FL 33801

**New Principal Place of Business:**

855 TWIN OAKS LANE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

P.O. BOX 1879  
WINTER HAVEN, FL 33882 US

**New Mailing Address:**

**FEI Number:** 26-3922885      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCFARLANE, PETER A  
500 S. FLORIDA AVE STE 700  
LAKELAND, FL 33801 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:** MGRM  
**Name:** HUNTER, BRYAN A  
**Address:** 855 TWIN OAKS LANE  
**City-St-Zip:** WINTER HAVEN, FL 33880

I hereby 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: BRYAN A. HUNTER

MGRM

02/17/2010

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