

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007000

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** CAPITAL PARTNERS OF TALLAHASSEE, LLC

**Current Principal Place of Business:**

2236 CAPITAL CIRCLE N.E., SUITE 206  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2573 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3613 PLOWSHARE ROAD  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 26-4522790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, W. CRIT  
3520 THOMASVILL ROAD  
TALLAHASSEE, FL 32309 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: FERRIE, MIKE  
Address: 1619 OSPREY POINTE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: SMITH, WANDA  
Address: 3613 PLOWSHARE ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

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: WANDA SMITH

MGRM

01/06/2011

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