

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122519

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** CAPITAL PROPERTY CONSULTANTS, LLC

**Current Principal Place of Business:**

4708 CAPITAL CIRCLE N.W.  
TALLAHASSEE, FL 323037217

**New Principal Place of Business:**

**Current Mailing Address:**

4708 CAPITAL CIRCLE N.W.  
TALLAHASSEE, FL 323037217

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 US

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

PIERCE, ROBERT A  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011517 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/15/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASBURY, THOMAS  
Address: 4708 CAPITAL CIRCLE N.W.  
City-St-Zip: TALLAHASSEE, FL 323037217

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: TOM ASBURY

MRGM

04/15/2010

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