

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001602

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** CAPITAL PROPERTIES OF LEON COUNTY, L.L.C.

**Current Principal Place of Business:**

1117 THOMASVILLE RD.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12099  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 59-3533824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVETT, JOHN C ESQ.  
106 EAST COLLEGE AVENUE, SUITE 1200  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: GUNTER, WILLIAM  
Address: 1117 SAVANNA TRACE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: GUNTER, BARTLETT D  
Address: 3449 MAHONEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: ROGERS, SAMUEL B JR.  
Address: 1741 MARSTON PLACE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: ROGERS, SAMUEL B SR.  
Address: 3710 GALWAY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAMUEL ROGERS, JR

CFO

04/26/2007

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