

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90084 011 \*\*\*\*\*55.00

**DOCUMENT # M04000005641**

1. Entity Name  
**CAPPS LAND MANAGEMENT AND MATERIAL LLC**



Principal Place of Business  
**8747 W. BEAVER STREET  
JACKSONVILLE, FL 32220**

Mailing Address  
**8747 W. BEAVER STREET  
JACKSONVILLE, FL 32220**

20004964

2. Principal Place of Business

3. Mailing Address

**8719 W. Beaver Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-LLC CR2E083 (11/05)

City & State

City & State

**Jacksonville, FL**

4. FEI Number  
**20-1668768**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32220**

**US**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPPS, APRIL M  
8747 W BEAVER STREET  
JACKSONVILLE, FL 32220**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
CAPPS, APRIL  
8747 W BEAVER STREET  
JACKSONVILLE, FL 32220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
CAPPS, EDWIN  
8747 W BEAVER STREET  
JACKSONVILLE, FL 32220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
NIPPER, RAYMOND  
8747 W BEAVER STREET  
JACKSONVILLE, FL 32220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/26/06**

**(904) 493-8144**

Date

Daytime Phone #