

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005641

FILED
Jan 04, 2007
Secretary of State

Entity Name: CAPPS LAND MANAGEMENT AND MATERIAL LLC

Current Principal Place of Business:

8719 W. BEAVER STREET
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

8719 W. BEAVER STREET
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 20-1668768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAPPS, APRIL M
8719 W BEAVER STREET
JACKSONVILLE, FL 32220 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:

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAPPS, APRIL
Address: 8747 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM () Delete
Name: CAPPS, EDWIN
Address: 8747 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM () Delete
Name: NIPPER, RAYMOND
Address: 8747 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAPPS, APRIL
Address: 8719 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM (X) Change () Addition
Name: CAPPS, EDWIN
Address: 8719 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM (X) Change () Addition
Name: NIPPER, RAYMOND
Address: 8719 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the 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: APRIL CAPPS

MGRM

01/04/2007

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