2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005641

Address:

City-St-Zip:

JACKSONVILLE, FL 32220

Entity Name: CAPPS LAND MANAGEMENT AND MATERIAL LLC

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8719 W. BEAVER STREET JACKSONVILLE, FL 32220 **Current Mailing Address: New Mailing Address:** 8719 W. BEAVER STREET JACKSONVILLE, FL 32220 FEI Number: 20-1668768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPPS, APRIL M 8719 W BEAVER STREET US JACKSONVILLE, FL 32220 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CAPPS, APRIL Name: Name: Address: 8719 W BEAVER STREET Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CAPPS, EDWIN Name: FREEMAN, ROBERT Address: 8719 W BEAVER STREET Address: 8719 W BEAVER STREET City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32220 Title: MGRM () Delete Title: () Change () Addition NIPPER, RAYMOND Name: Name: 8719 W BEAVER STREET

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.

Address:

City-St-Zip:

SIGNATURE: APRIL CAPPS **MGRM** 01/05/2008