

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M04000005641

**FILED**  
**Feb 15, 2011**  
**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  
8719 W BEAVER STREET  
JACKSONVILLE, FL 32220 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  
**Name:** CAPPS, APRIL  
**Address:** 8719 W BEAVER STREET  
**City-St-Zip:** JACKSONVILLE, FL 32220

**Title:** MGRM  
**Name:** NIPPER, RAYMOND  
**Address:** 8719 W BEAVER STREET  
**City-St-Zip:** JACKSONVILLE, FL 32220

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:** APRIL CAPPS

MGRM

02/15/2011

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