

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000000033

1. Entity Name
CAPITAL HOLDINGS 107, LLC



Principal Place of Business
**4987 WINDSOR PARK
SARASOTA, FL 34235 US**

Mailing Address
**4987 WINDSOR PARK
SARASOTA, FL 34235 US**



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2007700

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000828091
02/22/08-80016-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHARP PROPERTIES, INC.
4987 WINDSOR PARK
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NELSON, ROBERT
4987 WINDSOR PARK
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAUPHAS, YANNICK
4987 WINDSOR PARK
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

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

Lemuel Sharp III

02/12/08

941-758-6441

Date

Daytime Phone #