

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003798

FILED  
Jun 17, 2008  
Secretary of State

**Entity Name:** CAPTAIN CORAL PROPERTIES, LLC

**Current Principal Place of Business:**

18280 84TH AVENUE N.  
MAPLE GROVE, MN 55311

**New Principal Place of Business:**

**Current Mailing Address:**

18496 83RD AVENUE N.  
MAPLE GROVE, MN 55311

**New Mailing Address:**

**FEI Number:** 20-2999095      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, JOANN  
4001 SW 23RD AVENUE  
CAPE CORAL, FL 33914      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 ( ) Delete  
Name: JONES, DANIEL D  
Address: 18280 84TH AVENUE N.  
City-St-Zip: MAPLE GROVE, MN 55311

Title: MGRM ( ) Delete  
Name: BACKOUS, RICKY LEE  
Address: 2978 139TH AVENUE NW  
City-St-Zip: ANDOVER, MN 55304

Title: MGRM ( ) Delete  
Name: ETHEN, TIM JOSEPH  
Address: 18496 83RD AVENUE N.  
City-St-Zip: MAPLE GROVE, MN 55311

Title: MGRM ( ) Delete  
Name: JONES, SANDRA JO  
Address: 18280 84TH AVENUE N.  
City-St-Zip: MAPLE GROVE, MN 55311

Title: MGRM ( ) Delete  
Name: BACKOUS, DEBORAH ANN  
Address: 2978 139TH AVENUE NW  
City-St-Zip: ANDOVER, MN 55304

Title: MGRM ( ) Delete  
Name: ETHEN, LINDA JEAN  
Address: 18496 83RD AVENUE N.  
City-St-Zip: MAPLE GROVE, MN 55311

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: TIM ETHEN

MGRM

06/17/2008

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