


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 22 AM 10:37 | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000287 CAPITOL PROPERTIES MANAGEMENT GROUP, L.L.C. 8651 OLD RAPIDAN ROAD POB 131 ORANGE VA 22960 | | 1a. Principal Place of Business Address 8651 OLD RAPIDAN ROAD POB 131 ORANGE VA 22960 | | | |
| 2. Principal Place of Business 2811 Nela Avenue Suite, Apt. #, etc. | | 2a. Mailing Address 2811 Nela Ave Suite, Apt. #, etc. | | 3. Date Organized or Qualified 03/25/1998 | |
| City & State Orlando FL | | City & State Orlando FL | | 3a. State of Formation VA | |
| Zip 32809 | | Zip 32809 | | 4. FEI Number 54-1882740 | |
| Country | | Country | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report n/a | |
| | | | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent BUONO, JOANNE 285 RIPPLING LANE WINTER PARK FL 32789 | | | | 8. Name and Address of New Registered Agent/Office Name Martha S. Rae Buono Street Address (P.O. Box Number is Not Acceptable) 2811 Nela Ave Suite, Apt. #, etc. City Orlando FL Zip Code 32809 | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Martha S. Rae Buono DATE 3/15/99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | RAE BUONO, J. SCOTT | 2811 NELA AVE. | | ORLANDO FL | |
| MGRM | RAE BUONO, MARTHA S | 2811 NELA AVE. | | ORLANDO FL | |
| 400002823584--0 03/30/99--01051--024 ***188.75 ***188.75 | | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Martha S. Rae Buono 3/15/99 851-3599 (407) | | | | | |