

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000752

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: CAPITOL USA, LLC

**Current Principal Place of Business:**

300 CROSS PLAINS BLVD.  
DALTON, GA 30720

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2023  
DALTON, GA 30722

**New Mailing Address:**

FEI Number: 58-2240421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: BAKER, JAMES B  
Address: 633 CHESTNUT STREET, SUTIE 1640  
City-St-Zip: CHATANOOGA, TN 37405

Title: MGR ( ) Delete  
Name: ELROD, STARLING L  
Address: 633 CHESTNUT STREET, SUTIE 1640  
City-St-Zip: CHATANOOGA, TN 37405

Title: MGR ( ) Delete  
Name: MORRIS, TIM T  
Address: 633 CHESTNUT STREET, SUTIE 1640  
City-St-Zip: CHATANOOGA, TN 37405

Title: MGR ( ) Delete  
Name: BROOKSHIRE, MIKE D  
Address: 633 CHESTNUT STREET, SUTIE 1640  
City-St-Zip: CHATANOOGA, TN 37405

Title: MGR ( ) Delete  
Name: SHEEHY, THOMAS D  
Address: 1800 REPUBLIC CENTER  
City-St-Zip: CHATTANOOGA, TN 37402

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS D SHEEHY

MGR

04/27/2004

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