

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90092 020 \*\*\*\*50.00

**DOCUMENT # M98000000866**

1. Entity Name

**CAPITOL TALLAHASSEE, LLC**

Principal Place of Business

Mailing Address

3825 COLUMBUS ROAD, S.W., BUILDING F  
 GRANVILLE OH 43023

3825 COLUMBUS ROAD SW  
 BLDG F  
 GRANVILLE OH 43023

2. Principal Place of Business

3. Mailing Address

2801 North Monroe  
 Suite, Apt. #, etc.

130 Maple Drive North  
 Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Hendersonville, TN

Zip

32303

Country

USA

Zip

37075

Country

USA

4. FEI Number 31-1606404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
 526 E. PARK AVE.  
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPITOL REALTY I, LLC 3825 COLUMBUS ROAD, S.W., BUILDING F GRANVILLE OH 43023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shohodge, Inc. 130 Maple Drive North Hendersonville, TN 37075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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:** *Bob M. Shaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date 8/13/02 Daytime Phone # 615-264-8000

CR2E083 (4/02)