


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000073421		
1. Entity Name CAPITAL CITY TAX VENTURE, INC.		
Principal Place of Business 2510 NORTH MONROE F TALLAHASSEE, FL 32303 US	Mailing Address 2510 NORTH MONROE F TALLAHASSEE, FL 32303 US	



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1198631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEATA, DEBORAH A 8093 ARCHER CIRCLE TALLAHASSEE, FL 32309
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**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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000919263
05/13/08-80115-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATA, DEBORAH A 8093 ARCHER CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEATA, ROBERT J 8093 ARCHER CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAILY, MARK 9240 SW 190 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAILY, CARMEN 9240 SW 190 STREET TALLAHASSEE, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAILY, CARMEN 9240 SW 190 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BEATA, DEBORAH A 8093 ARCHER CIRCLE TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN DAILY

Date

4/21/08

Daytime Phone #

305 232-2727