

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90118 017 ****50.00

DOCUMENT # L01000021971
 1. Entity Name
 FLORIDA CAPITAL MANAGEMENT SERVICES, L.L.C.



Principal Place of Business: 300 INTERNATIONAL PKWY., STE. 130 HEATHROW, FL 32746
 Mailing Address: 300 INTERNATIONAL PKWY., STE. 130 HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 74-3027205
 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHRISTY, KATHERINE A
 300 INTERNATIONAL PKWY., STE. 130
 HEATHROW, FL 32746

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELBY, THOMAS C 300 INTERNATIONAL PKY STE 130 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTY, KATHERINE A 300 INTERNATIONAL PKY STE 130 HEATHROW, FL 32746
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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: C. Thomas Selby 4-25-05 407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daysime Phone #