

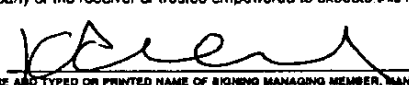


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90242 041 \*\*\*\*50.00

<b>DOCUMENT # L01000021971</b>			
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	
2. Principal Place of Business 300 International Pkwy		3. Mailing Address 300 International Pkwy	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Heathrow, FL		City & State Heathrow, FL	
Zip 32746	Country USA	Zip 32746	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHRISTY, KATHERINE A 300 INTERNATIONAL PKWY., STE. 130 HEATHROW, FL 32746		Name Christy, Katherine A. Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy., Ste. 300 City Heathrow FL Zip Code 32746	
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 		DATE 2-20-06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELBY, THOMAS C 300 INTERNATIONAL PKY STE 130 HEATHROW, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Mbr Florida Capital Real Estate Group <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 International Pky, Ste 300 Heathrow, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTY, KATHERINE A 300 INTERNATIONAL PKY STE 130 HEATHROW, FL 32746 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: 		DATE 2/20/06 407-333-1604	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	