


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000004240
 1. Entity Name
 NATIONAL CAPITAL MANAGEMENT FLORIDA, LLC



Principal Place of Business 2203 E HILLCREST ST ORLANDO, FL 32803	Mailing Address 2203 E HILLCREST ST ORLANDO, FL 32803
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03042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3606517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALGIER, FOSTER
 2203 E HILLCREST ST
 ORLANDO, FL 32803

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALGIER, FOSTER 2203 E HILLCREST ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALGIER, BRUCE 2203 E HILLCREST ST ORLANDO, FL 32803
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 03/26/08-80034-024 138.75

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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: Foster Alger Foster Alger 3/7/08 407-897-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #