

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015994

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** THE CAP FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

10269 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

10251 W. SAMPLE ROAD  
SUITE C  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10269 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

10251 W. SAMPLE ROAD  
SUITE C  
CORAL SPRINGS, FL 33065

FEI Number: 73-1665876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, CESAR ALEJANDR  
7901 NW 82ND TERRACE  
PARKLAND, FL 33065 US

**Name and Address of New Registered Agent:**

PEREZ, CESAR ALEJANDR  
10251 W. SAMPLE ROAD  
SUITE C  
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: CESAR A. PEREZ

01/04/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PEREZ, CESAR A PRES.  
Address: 10269 W. SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PEREZ, CESAR A PRES.  
Address: 7901 NW 82ND TERRACE  
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CESAR A. PEREZ

MBR

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date