


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007809 1. Entity Name CAPITAL OWL GROUP, LLC	
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Principal Place of Business 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604	Mailing Address 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC

CRZE093 (11/05)

4. FEI Number 59-3666860	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, ROBERT W 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

6. 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

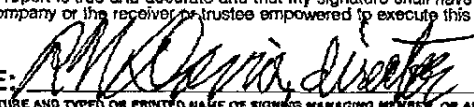
**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, ROBERT W 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MARY E 904 WEST WATERS AVE #D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ROBERT W 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MARY E 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARY E 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT W 904 WEST WATERS AVENUE, SUITE D TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

1100000493008
04/19/06-80087-016 50.00

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:  **DAVIS, ROBERT W, DIRECTOR** 4/3/06 813-655-9263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #