

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007571

FILED
Jan 10, 2007
Secretary of State

Entity Name: CAPITAL ADVISORY PARTNERS, LLC

Current Principal Place of Business:

505 S FLAGLER DR STE 1450
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 S FLAGLER DR STE 1450
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-1103713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWQUIST, AILEEN M
300 EL BRILLO WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: NEWQUIST, SCOTT C
Address: 505 S FLAGLER DR STE 1450
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: NEWQUIST, ALLEEN M
Address: 505 S FLAGLER DR STE 1450
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SCOTT C NEWQUIST

P

01/10/2007

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