2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004240

Entity Name: NATIONAL CAPITAL MANAGEMENT, LLC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

103 S OSCEOLA AVE 2203 E HILLCREST ST SUITE 2 ORLANDO, FL 32803 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

103 S OSCEOLA AVE 2203 E HILLCREST ST SUITE 2 ORLANDO, FL 32803 ORLANDO, FL 32801

FEI Number: 04-3606517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALGIER, FOSTER

103 S OSCEOLA AVE
SUITE 2
ORLANDO, FL 32801 US

ALGIER, FOSTER
2203 E HILLCREST ST
ORLANDO, FL 32803 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: 04/27/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 ALGIER, FOSTER
 Name:
 ALGIER, FOSTER

 Address:
 103 S OSCEOLA AVE SUITE 2
 Address:
 2203 E HILLCREST ST

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32803

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 ALGIER, BRUCE

 Address:
 Address:
 2203 E HILLCREST ST

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32803

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: FOSTER ALGIER MGR 04/27/2006