

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005895

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** CAPITAL CONNECTIONS, LLC

**Current Principal Place of Business:**

2401 NW BOCA RATON BLVD  
BOCA RATON, FL 33431 PB

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 273309  
BOCA RATON, FL 33427

**New Mailing Address:**

FEI Number: 03-0428923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHWARTZ, STEVEN G ESQ.  
3301 BOCA RATON BOULEVARD  
200  
BOCA RATON, FL 33431 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: BEASLEY, AARON  
Address: P.O. BOX 273309  
City-St-Zip: BOCA RATON, FL 33427 PB

**ADDITIONS/CHANGES:**

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 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: AARON BEASLEY

MGRM

04/29/2005

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