

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005895

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** CAPITAL CONNECTIONS, LLC

**Current Principal Place of Business:**

2401 NW BOCA RATON BLVD  
BOCA RATON, FL 33431

**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:**

SCHWARTZ, STEVEN G ESQ.  
2799 NW BOCA RATON BLVD  
203  
BOCA RATON, FL 33431 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: \_\_\_\_\_

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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 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: AARON BEASLEY

MGR

04/26/2006

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