

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006063

FILED
Aug 30, 2005
Secretary of State

Entity Name: FIRST CAPITAL RESERVE LLC

Current Principal Place of Business:

10460 ROOSEVELT BLVD. #315
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10460 ROOSEVELT BLVD. #315
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 75-3031826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OLENDER, MARK H
10460 ROOSEVELT BLVD.
#315
ST. PETERSBURG, FL 33698 US

Name and Address of New Registered Agent:

OLENDER, MARK H
1268 PINEHURST RD
DUNEDIN, FL 33698 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: MARK OLENDER

08/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRUISER MANN LLC,
Address: 10460 ROOSEVELT BLVD #315
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGR (X) Delete
Name: OLENDER, MARK H
Address: 1268 PINEHURST RD.
City-St-Zip: DUNEDIN, FL 33698 US

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 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: MARK OLENDER

GM

08/30/2005

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