

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007547

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: BLUEKAP FINANCIAL GROUP, LLC

## Current Principal Place of Business:

3600 S. STATE ROAD 7  
SUITE 319  
MIRAMAR, FL 33023 US

## New Principal Place of Business:

7901 WEST MCNAB ROAD  
SUITE B  
TAMARAC, FL 33321 US

## Current Mailing Address:

3600 S. STATE ROAD 7  
SUITE 319  
MIRAMAR, FL 33023 US

## New Mailing Address:

7901 WEST MCNAB ROAD  
SUITE B  
TAMARAC, FL 33321 US

FEI Number: 02-0568033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW SOLUTIONS GROUP, LLC  
431 NE 210TH TERRACE, SUITE 203-24  
MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

CUFFY, LILLIA  
7901 WEST MCNAB ROAD  
TAMARAC, FL 33321 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: LILLIA CUFFY

01/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CUFFY, LILLIA  
Address: 611 N 69TH WAY  
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: MGRM ( ) Delete  
Name: CUFFY, SYLVESTER  
Address: 3600 S. STATE ROAD 7  
City-St-Zip: MIRAMAR, FL 33023 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CUFFY, LILLIA  
Address: 9737 N SPRINGS WAY  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM (X) Change ( ) Addition  
Name: CUFFY, SYLVESTER  
Address: 9737 N SPRINGS WAY  
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: LILLIA CUFFY

MGR

01/06/2006

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