

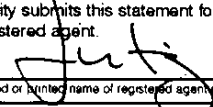
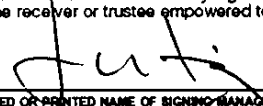


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90018 033 ****50.00

DOCUMENT # L03000000543 1. Entity Name REALCAP ASSOCIATES, LLC					
Principal Place of Business 2255 GLADES ROAD SUITE # 324A BOCA RATON, FL 33431			Mailing Address 23120 L'ERMITAGE CIRCLE BOCA RATON, FL 33433		
2. Principal Place of Business 398 W. CAMINO GARDENS BLVD. Suite, Apt. #, etc. SUITE 104		3. Mailing Address Suite, Apt. #, etc. 			
City & State BOCA RATON, FL		City & State 		4. FEI Number 37-1453828	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAROSZEWICZ, JAN M 23120 L'ERMITAGE CIRCLE BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAROSEWICZ, JAN M 23120 L'ERMITAGE CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER TERRILL W. JAROSZEWICZ 23120 L'ERMITAGE CIRCLE BOCA RATON, FL 33433
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE 4/25/06 561-362-4040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					