## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 11, 2007 00:00
1. Entity Nam	MENT # L030000100 CAPITAL, LLC	049		Secretary of St
Principal Place 2100 19TH S SARASOTA, F	ST.	Mailing Address 2100 19TH ST. SARASOTA, FL 34234	19TH ST. OTA, FL 34234 01032007 No Chg-LLC CR2E083 (11/05)	
D	O NOT WRITE	IN THIS SPA	CE	
	6. Name and Address of Current R	egistered Agent		
UCCELLO, ANTONIO F III DO NOT WRITE SARASOTA, FL 34234 IN THIS SPACE				
the obligat	Signature, typed or priviled name of registered agent an	Uppe	red office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with and accept to the state of Florida. I am familiar with a state of Florida
	lling Fee is \$50.00 ue by May 1, 2007		11	•
9.	MANAGING MEMBER	S/MANAGERS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UCCELLO, ANTONIO F III 2100 19TH ST. SARASOTA, FL 34234	_		
TITLE NAME STREET ADDRESS CITY-SY-ZIP				00000582696 01/11/07-80042-005 50.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				

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 fecelver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: \_

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

18/07

Daytime Phone **4**