


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000011692 <b>1. Entity Name</b> CAPITAL PARTNERS, LLC	
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<b>Principal Place of Business</b> 101 NE THIRD AVE SUITE 1500 FT. LAUDERDALE, FL 33301-1181 US	<b>Mailing Address</b> 101 NE THIRD AVE SUITE 1500 FT. LAUDERDALE, FL 33301-1181 US
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**DO NOT WRITE IN THIS SPACE**



04192006No Chg-LLC

CR2E083 (11/05)

<b>4. FEI Number</b> 41-2090524	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
  
LINDSAY, DELROY  
101 NE THIRD AVE SUITE 1500  
FT. LAUDERDALE, FL 33301-1181

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

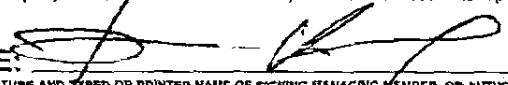
**Filing Fee is \$50.00  
Due by May 1, 2006**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM LINDSAY, DELROY 101 NE THIRD AVE SUITE 1500 FT. LAUDERDALE, FL 333011181
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

L000000547217  
05/12/06-00015-018 50.00

**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:**  **5/28/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 0

LINDSAY DELROY - MANAGER