

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000011692

1. Entity Name
CAPITAL PARTNERS, LLC



Principal Place of Business
**101 NE THIRD AVE SUITE 1500
 FT. LAUDERDALE, FL 33301-1181 US**

Mailing Address
**101 NE THIRD AVE SUITE 1500
 FT. LAUDERDALE, FL 33301-1181 US**

DO NOT WRITE IN THIS SPACE



04192006No Chg-LLC CR2E083 (11/05)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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

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

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L00000547217
 05/12/06-80015-018 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 #

LINDSAY DELROY - MANAGER