

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013457

Entity Name: O.K. CAP, LLC

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

413 PORPOISE POINT DRIVE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

413 PORPOISE POINT DRIVE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 16-1669948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PACKO, DR. R.G.
254 SOLANA RD
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

PACKO, DR. R.G. MGRM
252 SOLANA RD
PONTE VEDRA, FL 32082 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: DR. R. G. PACKO, MGRM

01/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: PACKO, R. G.
Address: 254 SOLANA RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Delete
Name: CULLUM, FOSTER J
Address: 130 4TH AVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PACKO, R. G. DR.
Address: 254 SOLANA RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. R. G. PACKO

MGRM

01/13/2005

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