


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90265 034 ****55.00

DOCUMENT # L03000020920
 1. Entity Name
CAPITAL INVESTMENT ASSOCIATES LLC



Principal Place of Business
**6236 C DURHAM DRIVE
 LAKE WORTH, FL 33467**

Mailing Address
**6236 C DURHAM DRIVE
 LAKE WORTH, FL 33467**

2. Principal Place of Business
7108 BERACASA WAY

3. Mailing Address
7108 BERACASA WAY

Suite, Apt. #, etc.
STE. 253

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33433

Country
USA

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0618862

5. Certificate of Status Desired **\$5.00** Additional Fee Required



6. Name and Address of Current Registered Agent
**JOHN SCHOUTEN, INC.
 6359 PONDAPPLE ROAD
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBARTOLO, JOSEPH		NAME		
STREET ADDRESS	6236 C DURHAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBARTOLO, SHEILA		NAME		
STREET ADDRESS	6236 C DURHAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALERMO, FRANK		NAME	PALERMO, FRANK	
STREET ADDRESS	6236 C DURHAM DRIVE		STREET ADDRESS	16273 SIERRA PALMS DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALERMO, ROSANNA		NAME	PALERMO, ROSANNA	
STREET ADDRESS	6236 C DURHAM DRIVE		STREET ADDRESS	16273 SIERRA PALMS DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Rosanna Palermo* **ROSANNA PALERMO** 3-15-06 (561) 436-1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #