

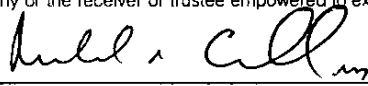


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90036 033 ****55.00

DOCUMENT # L03000024071 1. Entity Name CAPPIELLO FAMILY, LLC					
Principal Place of Business 2828 SOUTH SEACREST BLVD., SUITE 103 BOYNTON BEACH FL 33435			Mailing Address 2828 SOUTH SEACREST BLVD., SUITE 103 BOYNTON BEACH FL 33435		
2. Principal Place of Business 8188 JOG ROAD Suite, Apt. #, etc. SUITE #102 City & State BOYNTON BEACH, FL Zip 33437 Country USA		3. Mailing Address 8188 JOG ROAD Suite, Apt. #, etc. SUITE #102 City & State BOYNTON BEACH, FL Zip 33437 Country USA			
4. FEI Number 41-2102760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CAPPIELLO, RICHARD A 2828 SOUTH SEACREST BLVD., SUITE 103 BOYNTON BEACH FL 33435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE P	NAME CAPPIELLO, RICHARD A			<input type="checkbox"/> Delete	
STREET ADDRESS 2828 S. SFACREST BLVD STE 103	CITY-ST-ZIP BOYNTON BEACH FL 33435			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS 8188 JOG ROAD SUITE #102			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP BOYNTON BEACH, FL 33437	CITY-ST-ZIP BOYNTON BEACH, FL 33437			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Richard A Cappiello 4/18/06 561-737-1947					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					