

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90088 035 ****50.00

DOCUMENT # L03000037217

1. Entity Name

INDEPENDENT EXECUTIVE MANAGEMENT LLC



Principal Place of Business

**1726 7TH AVE SUITE 22
TAMPA, FL 33605**

Mailing Address

**1726 7TH AVE SUITE 22
TAMPA, FL 33605**

400000000



01122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0710176

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAP ASSET MANAGEMENT, LLC
1726 7TH AVE SUITE 22
TAMPA, FL 33605**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CAP ASSET MANAGEMENT, LLC
STREET ADDRESS	3001 N. ROCKY POINT DRIVE EAST, SUITE 200
CITY-ST-ZIP	TAMPA, FL 33600
TITLE	
NAME	Address is 1726 7th Ave, Suite 22
STREET ADDRESS	Tampa, FL 33605
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Marco Caporale

1/13/06

Date

83-241-6800

Daytime Phone #