


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -3 AM 9:09

DOCUMENT # L03000045304	
1. Entity Name CAPITAL OPTIONS GROUP, LLC	

Principal Place of Business 900 US HWY 1 SUITE 104 LAKE PARK, FL 33403 US	Mailing Address 900 US HWY 1 SUITE 104 LAKE PARK, FL 33403 US
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DO NOT WRITE IN THIS SPACE



08122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0401326	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

CONLEY, JOHN
900 US HWY 1 SUITE 104
LAKE PARK, FL 33403

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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 September 7, 2005


REINSTATEMENT 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONLEY, JOHN 900 US HWY 1 SUITE 104 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLEY, ROSS 900 US HWY 1 SUITE 104 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIUS, WILFORD 900 US HWY 1 SUITE 104 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400060712254
10/18/05--01038--005 **\$150.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  9/7/05 561-848-5250

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