

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 12, 2006 08:00 AM**  
**Secretary of State**

**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



05162006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0401326	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CONLEY, JOHN
STREET ADDRESS	900 US HWY 1 SUITE 104
CITY-ST-ZIP	LAKE PARK, FL 33403

TITLE	MGRM
NAME	CONLEY, ROSS
STREET ADDRESS	900 US HWY 1 SUITE 104
CITY-ST-ZIP	LAKE PARK, FL 33403

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/12/06-80005-016 50.00

**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

Date

Daytime Phone #

6/8/06 561-848-5250