


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90155 037 \*\*\*\*55.00

**DOCUMENT # L03000045940**

1. Entity Name  
**CAPITAL ASSET PARTICIPATION, LLC**



Principal Place of Business      Mailing Address

**6542 4TH STREET SOUTH      6542 4TH STREET SOUTH**  
**ST. PETERSBURG, FL 33705 US      ST. PETERSBURG, FL 33705 US**

**14024764**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

07012004    Chg-LLC    CR2E083 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ICELY, WILLIAM R III**  
**6542 4TH STREET SOUTH**  
**ST. PETERSBURG, FL 33705**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

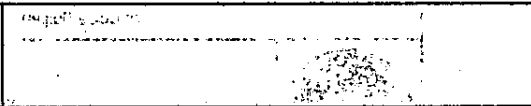
City      **FL**      Zip Code

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: *WR*      DATE: **6.30.04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00**  
**Due by September 8, 2004**



**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR ICELY, BILL 6542 4TH STREET SOUTH ST. PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *WR*      Date: **6.30.04**      Daytime Phone #: **727 422 9552**

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