


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90028 033 ****55.00

| | |
|--|---|
| DOCUMENT # L03000048568 |  |
| 1. Entity Name CAPITOL MANAGEMENT, LLC | |

| | |
|--|--|
| Principal Place of Business 7100 CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433 US | Mailing Address 7100 CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433 US |
|--|--|



| | |
|--|--|
| 2. Principal Place of Business 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City & State Boca Raton FL Zip 33487 Country USA | 3. Mailing Address 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City & State Boca Raton FL Zip 33487 Country USA |
|--|--|

1st MOORE CR2E083 (10/05)

| | |
|------------------------------------|--|
| 4. FEI Number 05-0592595 | <input type="checkbox"/> Applied For <input checked="" 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 BLOOM, ASHLEY C/O CAPITOL MANAGEMENT, LLC 7100 CAMINO REAL BLVD SUITE 402 BOCA RATON FL 33433 |
|--|

| |
|--|
| 7. Name and Address of New Registered Agent Name BLOOM, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 6600 W. ROGERS CIRCLE SUITE # 14 City BOCA RATON FL Zip Code 33487 |
|--|

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 BLOOM, ASHLEY (NOTE: Registered Agent signature required when reinstating) DATE 04/24/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS / MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BLOOM, ASHLEY 7100 W CAMINO REAL, SUITE 402 BOCA RATON FL 33433 <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 |
| 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 | MGR BLOOM, ASHLEY 6600 W. ROGERS CIRCLE STE #14 BOCA RATON FL - 33487 <input checked="" 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 |
| 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 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:

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

04/24/06 (561) 417-7115

Date

Daytime Phone #