

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-30-2005 90159 040 ****50.00

3/

DOCUMENT # L03000056594 1. Entity Name CAPRICORN ANTIQUE CAR SALES, LLC					
Principal Place of Business 203 DIXIE BLVD DELRAY BEACH FL 33444			Mailing Address 203 DIXIE BLVD DELRAY BEACH FL 33444		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1213900	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent H.A. INCORPORATED 308 NW 101 TERR CORAL SPRINGS FL 33071				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 _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MANAGER ☐ Delete NAME: MARIA Dechantreiter STREET ADDRESS: 203 Dixie Blvd CITY-ST-ZIP: DELRAY BEACH, FL 33444			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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 605, Florida Statutes.					
SIGNATURE: <u>Maria Dechantreiter</u> 3-24-05 561274-6444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30004279



1st MOORE CR2E083 (10/04)