

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000001252

1. Entity Name
CAPTAIN JOSEPH MASSARO, LLC



Principal Place of Business
4163 SE SEAWARD ST
STUART, FL 34997 US

Mailing Address
4163 SE SEAWARD ST
STUART, FL 34997 US



02062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1577069	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

JONES, LAURIE A
3404 SW 72ND AVE
PO BOX 1937
PALM CITY, FL 34991

**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 reinstating)
Signature, typed or printed name of registered agent and state if applicable DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSARO, JOSEPH R 4163 SE SEAWARD ST. STUART, FL 34997
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1000000427685
02/21/06-80018-009 50.00

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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: Joseph P. Massaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FEB. 06/06 772-286-0702
Date Daytime Phone #