

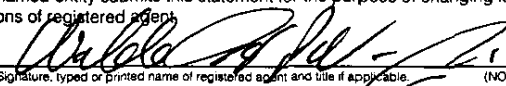



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90299 032 \*\*\*\*50.00

<b>DOCUMENT # L04000027778</b>					
<b>1. Entity Name</b> CAPITAL PARK, LLC					
<b>Principal Place of Business</b> 287 PINWOOD DRIVE TALLAHASSEE, FL 32303			<b>Mailing Address</b> 287 PINWOOD DRIVE TALLAHASSEE, FL 32303		
<b>2. Principal Place of Business</b> 1618 Mahan Center Blvd Suite, Apt. #, etc. Suite 103 City & State Tallahassee FL Zip 32308 Country USA		<b>3. Mailing Address</b> 1618 Mahan Center Blvd Suite, Apt. #, etc. Suite 103 City & State Tallahassee FL Zip 32308 Country USA			
02272006 Chg-LLC CR2E083 (11/05)				<b>4. FEI Number</b> 20-0970788	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PALMER, WALDO HAROLD JR. 287 PINWOOD DRIVE TALLAHASSEE, FL 32303			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1618 Mahan Center Blvd Suite 103 City Tallahassee FL Zip Code 32308		
<b>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.</b> SIGNATURE  DATE <u>2/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DBDI, INC. 287 PINWOOD DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1618 Mahan Center Blvd Suite 103 Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>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.</b>					
<b>SIGNATURE:</b> 				Date <u>2/27/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					