2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
04-29-2005 90055 046 ****50.00

DOCUMENT # L04000029172

1. Entity Name
EL CAPITAN, LLC

Principal Place of Business
221 EL CAPITAN DR.
ISLAMORADA, FL 33036

Mailing Address
3801 KENNETT PIKE
BLDG D., STE 100
GREENVILLE, DE 19807

03042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 1066	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Newark, DE	
Zip	Country	Zip: 19715	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	7. Name and Address of New Registered Agent
OSBORNE, JOHN 221 EL CAPITAN DR. ISLAMORADA, FL 33036	Name: Lauren DeMichiel Street Address (P.O. Box Number Is Not Acceptable): 221 El Capitan Dr. City: Islamorada FL Zip Code: 33036

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: Lauren M. DeMichiel 4.18.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON OSBORNE EXCHANGE, LLC 3801KENNETT PIKE, BLDG. D., STE 100 GREENVILLE, DE 19807	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lauren M. DeMichiel 985 Marrows Rd. St. O-6 Newark, DE 19715	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Lauren M DeMichiel Lauren M. DeMichiel 4.18.05 302 731-8467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #