


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000034037 1. Entity Name CAP LLC	
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Principal Place of Business 40 KEY HAVEN ROAD KEY WEST, FL 33040	Mailing Address 40 KEY HAVEN ROAD KEY WEST, FL 33040
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01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1079337	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 GRIFFITHS, K. A JR. 40 KEY HAVEN ROAD KEY WEST, FL 33040

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

**Filing Fee is \$50.00
Due by May 1, 2006**

01/12/06-80027-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFITHS, K A JR. 40 KEY HAVEN ROAD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENIER, CHARLES H 26 AZALEA KEY WEST, FL 33040
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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 808, Florida Statutes.

SIGNATURE: KA JR

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

1-9-06

Date

305-296-2639

Daytime Phone #