
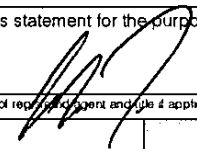
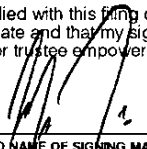


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90009 050 ****55.00

DOCUMENT # L04000042063 1. Entity Name CITY CAPITAL GROUP, LLC					
Principal Place of Business 5520 PACIFIC BOULEVARD SUITE 204 BOCA RATON FL 33433 US			Mailing Address 5520 PACIFIC BOULEVARD SUITE 204 BOCA RATON FL 33433 US		
2. Principal Place of Business 110 E. ATLANTIC AVENUE Suite, Apt. #, etc. SUITE 240 City & State DELRAY BEACH FLORIDA Zip 33444 Country USA			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 		
4. FEI Number 41-2140739			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			1st MOORE CR2E083 (10/04)		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name GRANT FREER Street Address (P.O. Box Number is Not Acceptable) 1355 W. PALMETTO PARK ROAD SUITE 201 City BOCA RATON FL Zip Code 33486		
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  <small>Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)</small>			DATE 4/21/05		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREER, GRANT L 1355 W. PALMETTO PARK ROAD, SUITE 261 BOCA RATON FL 33486	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			DATE 4/21/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 561 445 5434		