

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90229 039 *****55.00

DOCUMENT # L04000042063

1. Entity Name

CITY CAPITAL GROUP, LLC



Principal Place of Business

110 EAST ATLANTIC AVENUE
SUITE 240
DELRAY BEACH FL 33444
US

Mailing Address

5520 PACIFIC BOULEVARD
SUITE 204
BOCA RATON FL 33433
US



2. Principal Place of Business

1481 SW 19th STREET

3. Mailing Address

1355 W. PALMETTO PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 261

1st MOORE

CR2E083 (10/05)

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

4. FEI Number

41-2140739

Applied For

Not Applicable

Zip

33486

Country

US

Zip

33486

Country

US

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREER, GRANT
1355 WEST PALMETTO PARK ROAD
SUITE 261
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FREER, GRANT L
STREET ADDRESS 1355 W. PALMETTO PARK ROAD, SUITE 261
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

2-20-06

5612764220

Date

Daytime Phone #