FILED \mathbf{A}

ANNUAL REPORT				Apr 26, 2006 08:00		
1. Entity Nam	MENT # L04000 ANTIC COMMERCIA	042069 L MORTGAGE CAPITAL,		Secretary of Stat		
Principal Place 980 N FEDER BOCA RATON	RAL HWY, STE 400	Mailing Address 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432				
DO NOT WRITE IN THIS SPA				02282006 No Chg-LLC		
			CE	4. FEI Number 20-1208923	Applied For Not Applicable	
	6. Name and Address of C	Number of Participation of Association	Y	5. Certificate of Status Desired	Fee Required	
COMPARATO, MICHAEL 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432			•	DO NOT V IN THIS S		
8. The above the obligat	named entity submits this state ions of registered agent.	ment för the purpose of changing its register	ed office or register	ed agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registe	red agent and title if applicable. (NOTE, Registers	d Agent signature required	when reinstaling)	DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2006		· · · · · · · · · · · · · · · · · ·	\$6. 91 P. 19.		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR BA CAPITAL, LLC 980 N FEDERAL HIGHWA BOCA RATON, FL 33432	-		U000 05/06/0	00534056 6-80148-005 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V		
TITLE 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 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.

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

NAME STREET ADDRESS

Daytime Phone #