

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					2/9/2005-90156-020-\$50.00-\$50.00				
DOCUMENT # L04000069450 1. Entity Name CAPITAL FUND MANAGEMENT COMPANY, LLC					05 _A ,	0.00-\$50.00 PR 29 PA	ED		
					TASECHE	$\frac{1}{2}$	4 5: n	_	
Principal Place of Business Mailing Address					ny ALLAH	ASST OF	. U	5	
3500 FINAN TALLAHASS	A, SUITE 202 2		TALLAH,	OSEE, FL	ORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\overline{}$	1st MOORE	CR2E083	(10/04)		
City & State		City & State			4. FEI Number 20-2750906			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		5.00 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DEISON, ROBERT R				Name					
3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312			Street	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its re	cistered office	or register	red agent, or both, in the State of	. –	miliar with	and accept	
the obligati	ions of registered agent.					, restreet, 7 can 1 ca	1100001 11101	ald docupi	
SIGNATURE Signature, typed or printed name of registered agent and use & applicable (NOTE Registered Agent a greature required when remarking) DATE									
	Sprace, types or present take is registered agent a	M4907878.000000068.004Civ	7.34113.8785VS (3)	POSICION	2000039506NI	DATE			
Make Check Payable to Florida Department of State Due By May 1, 2005									
9	NV MANAGING MEMBER	TAN 2 N. 608/2 608/600	10. ■ 10.	* ******	ADOITION	S/CHANGES			
TITLE WOOL	Managing Partner	D Oxide	TITLE		700:1101		Change	Addition	
HATE	Robert Deison		NAME	Ì				_	
STREET ADORESS CITY-ST-ZIP	3500 Financial Pl	aza. Suite 202	STREET ADDRESS CITY-ST-ZIP					ļ	
INTLE	Tallahassee, FL		TIFLE	1		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
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11. I hereby o	certify that the information supplied with	this filing does not qualify for the	he exemption st	ated in Se	ection 119.07(3)(i), Florida Statute	s. I further certi	y that the ir	nformation	
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: 2-7-05 850-386-7789 SIGNATURE: Date Department Name of Exchang Manager, Manager, or Authorized Representative Date Department of Date Date Date Date Date Date Date Date									
l	SKANATURE AND VERNO OF PRINTED NAME OF	F EKCHING MANAGING MEMBER, MANA	GER, OR AUTHORIZ	ED REPRESE	ENTATIVE Date	Des	turne Phone #	l l	