

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90038 003 ****55.00

DOCUMENT # L04000073846	
1. Entity Name CAPITAL & REALTY INVESTMENT GROUP LLC	

Principal Place of Business 4360 NORTHLAKE BLVD STE. 203 PALM BEACH GARDENS, FL 33410	Mailing Address 4360 NORTHLAKE BLVD STE. 203 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business Suite, Apt. #, etc. 4966 BONSAI CIRCLE, SUITE 200	3. Mailing Address Suite, Apt. #, etc. 4966 BONSAI CIRCLE, SUITE 200
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City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
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Zip 33418	Country US	Zip 33418	Country US
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(L04000073846C)

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0884344	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LUCZKOWIEC, ARTHUR 4360 NORTHLAKE BLVD STE. 203 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4966 BONSAI CIRCLE, SUITE 200 City PALM BEACH GARDENS FL Zip Code 33418

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** _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LUCZKOWIEC, ARTHUR 1825 FLOWER DR PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WILSON, RICHARD 20 S. MIDLAND AVE APT M1 KEARNY, NJ 07032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:



04/29/05