

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074409	
1. Entity Name BILLCAPAR, LLC	

Principal Place of Business 3550 N. ATLANTIC AVE COCOA BEACH, FL 32931	Mailing Address 3550 N. ATLANTIC AVE COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1742852	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARSONS, WILLIAM R
3550 N. ATLANTIC AVE
COCOA BEACH, FL 32931

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6. 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 _____

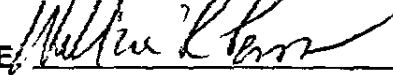
Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, WILLIAM A. 3550 N. ATLANTIC AVE. COCOA BEACH, FL 32931
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05/12/06-80080-006 50.00

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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 808, Florida Statutes.

SIGNATURE 	4/1/06	321-323-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #