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	Mailing Address
3550 N. ATLANTIC AVE COCOA BEACH, FL 32931	3550 N. ATLANTIC AVE COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

01042006No 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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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PARSONS, WILLIAM A.
STREET ADDRESS	3550 N. ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
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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 608, Florida Statutes.

SIGNATURE: William R Parsons 4/1/06 321-323-5207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #