

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021894

Entity Name: CAPADELPHIA, LLC

FILED  
Jan 11, 2006  
Secretary of State

**Current Principal Place of Business:**

515 EAST BAFFIN DRIVE  
VENICE, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

515 EAST BAFFIN DRIVE  
VENICE, FL 34236

**New Mailing Address:**

FEI Number: 73-1730002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, JOHN L  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34293 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: CAPPIELLO, JR., JOSEPH J MGRM  
Address: 515 EAST BAFFIN DRIVE  
City-St-Zip: VENICE, FL 34293 US

Title: MS. ( ) Change (X) Addition  
Name: SZYDLOWSKI, SUSAN M MGRM  
Address: 515 EAST BAFFIN DRIVE  
City-St-Zip: VENICE, FL 34293 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN SZYDLOWSKI

MGMR

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date