2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90017 042 ****50.00 DOCUMENT #L05000023780 1. Entity Name CAP FINANCIAL SERVICES, LLC 40044333 Principal Place of Business Mailing Address **4079 GREYSTONE DRIVE** 4079 GREYSTONE DRIVE CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03142006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-2469223 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZITZKA, JOSEPH W JR 215 NORTH EOLA DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code FL 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 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE MGR ☐ Change XXAddition NAME NAME PEAK PERFORMANCE HOLDINGS, INC., STREET ADDRESS STREET ADDRESS 4079 GREYSTONE DRIVE CITY-ST-ZIP CITY-ST-ZIP CLERMONT, FL 34711 TM F ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE Defete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE

FILED

☐ Change

Addition

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.

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

PEAK PERFORMANCE HOLDINGS, a Florida corporation achoa SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP