

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026609

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: CAPCITY MANAGEMENT LLC

## Current Principal Place of Business:

1550 MADRUGA AVENUE  
SUITE 304  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

1550 MADRUGA AVENUE  
SUITE 304  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 20-2930458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, JOSEPH  
1550 MADRUGA AVENUE  
SUITE 304  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

SMITH, JOSEPH A  
1550 MADRUGA AVENUE  
SUITE 304  
CORAL GABLES, FL 33146 US

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: JOSEPH A. SMITH

04/26/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SMITH, JOSEPH  
Address: 1550 MADRUGA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SMITH, JOSEPH A  
Address: 1550 MADRUGA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Change (X) Addition  
Name: STURTZ, GARY  
Address: 1335 DUBLIN ROAD, SUITE 122-D  
City-St-Zip: COLUMBUS, OH 43215

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: JOSEPH A. SMITH

MGRM

04/26/2006

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