## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000028862  1. Entity Name KAPTAIN 2, L.L.C.							07-13-2006 90080 001 ****55.00				
Principal Place 692 N.W. IND LAKE CITY, FI	IAN SPRING		Mailing Address P.O. BOX 1510 LAKE CITY, FL 32056-1510			i raditær dr	i ĉŶ(SL QUIN SYN SON) SYN		IIPI (RIIO SIMS H	rsoi IV 1821	
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07032006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State				4. FEI Numb	202582	022	<del>                                      </del>	plied For at Applicable
Zip	Country		Zip Coun		try		5. Certificate	of Status Desired	<b>(</b> ♥)	\$5.00 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent						
   KAPTAIN, PETER					Name						
692 N.W. INDIAN SPRINGS DRIVE LAKE CITY, FL 32055					Street Address (P.O. Box Number is Not Acceptable)						
	•								FL	Zip Cod	ė
The above named entity submits this statement for the purpose of changing its registered offi							ed agent, or bo	th in the State of Fir		femiliar with	and accept
		tered agent.	7-	rogiotoi	30 01100 0	rogiator	ou agon, or co	an, an one counte on a	***************************************	COTTINED WHILE,	arc accept
SIGNATURE Peter & Kaplain 7/12/06											
	Signature, typed	d or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signal	ure required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006							<i>*</i>		e check p Departm	ayable to ent of State	9
9.	MANAGING MEMBERS/MANAGERS				<del></del>		1	ADDITIONS	CHANGES		
TITLE			Delete	TITL	E	MER	zm	•		☐ Change	Addition
NAME STREET ADDRESS			, ,	NAM		PETE	R KAPta	in n Springs D L 32055			
CITY-ST-ZIP				•	ET ADORESS -ST-ZIP	LAK	e City F	n springs D I 32055	κ.		
TITLE			☐ Delete	TITL		~_///	- (1)4)1			Change	☐ Addition
NAME				NAM							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP		<del></del>		-	-ST-ZIP	<b></b>	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME	11		☐ Delete	TITL.						☐ Change	Addition
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				спу	-ST-ZEP						
TITLE			☐ Delete	III.						Change	Addition
NAME STREET ADDRESS				NAM	E Etadoress						
CITY-ST-ZIP				4	- ST-ZIP						
TITLE			☐ Delete	TITL	 !	<del>                                     </del>				Change	Addition
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST- ZIP						ļ
						<u> </u>				[] (h	T And Stee
NAME			Delete	HAM						☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS	[					ļ
CITY-ST-ZIP				CITY	-ST-ZIP	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
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.											