2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032883

Address:

City-St-Zip:

PO BOX 40345

JACKSONVILLE, FL 32203

Entity Name: CAPITAL INVESTMENTS ENTERPRISE, LLC

FILED Aug 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4978 SOUTEL DRIVE JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 5724 EARL CIRCLE NORTH JACKSONVILLE, FL 32219 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, CLYDE A 5724 EARL CIRCLE NORTH US JACKSONVILLE, FL 32219 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete JACKSON, CLYDE A Name: Name: Address: 5724 EARL CIRCLE NORTH Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: JACKSON, KIMBERLY N Name: JACKSON, KIMBERLY N Address: 2054 RIVERSIDE AVENUE. SUITE #7312 Address: 4199 HIGHWOOD DRIVE City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32216 Title: MGRM () Delete Title: MGRM (X) Change () Addition CAPTIAL INVESTING GR, OUP, LLC CAPTIAL INVESTING GR, OUP, LLC Name: Name:

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.

Address:

City-St-Zip:

4199 HIGHWOOD DRIVE

JACKSONVILLE, FL 32216

SIGNATURE: KIMBERLY JACKSON MGRM 08/25/2006