

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040845

FILED
Apr 30, 2006
Secretary of State

Entity Name: CAPTAIN'S CAPITAL INVESTMENTS LLC

Current Principal Place of Business:

3820 EAGLE AVE.
KEY WEST, FL 33040

New Principal Place of Business:

3001 SW 24TH AVE
#301
OCALA, FL 34478

Current Mailing Address:

3820 EAGLE AVE.
KEY WEST, FL 33040

New Mailing Address:

P.O. BOX 4337
OCALA, FL 34478

FEI Number: 20-2767306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATES, HELEN M
3820 EAGLE AVE.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

CATES, HELEN M
3001 SW 24TH AVE.
OCALA, FL 34478 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: HELEN M. CATES

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CATES, PAUL J
Address: 3820 EAGLE AVE.
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: MOORE, ANTHONY R
Address: 3820 EAGLE AVE.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CATES, PAUL J
Address: 3001 SW 24TH AVE #301
City-St-Zip: OCALA, FL 34478

Title: MGR (X) Change () Addition
Name: MOORE, ANTHONY R
Address: 1831 SE 38TH COURT
City-St-Zip: OCALA, FL 34471

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: PAUL J. CATES

MGR

04/30/2006

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