

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048355

1. Entity Name
GLOBAL CAPITAL ASSET MANAGEMENT, LLC



FILED

06 AUG 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1534 GOLF TERRACE DRIVE
TALLAHASSEE, FL 32301

Mailing Address
1534 GOLF TERRACE DRIVE
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

P.O. Box 1503

YJK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE FL

Zip

Country

Zip

32302-1503

Country

Lea

08182006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

42-1677973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNS, CURTIS L
1534 GOLF TERRACE DRIVE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
MANNS, CURTIS L
STREET ADDRESS
1534 GOLF TERRACE DRIVE
CITY-ST-ZIP
TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700079217977
08/29/06--01029--009 **14.00

TITLE
NAME
MGRM
ROACHE, JOSEPH C
STREET ADDRESS
3607 MONMOUTH COURT
CITY-ST-ZIP
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700079217977
08/29/06--01029--009 **36.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

August 18, 2006