



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90269 031 ****50.00

| | | | | | |
|---|--|---|---|--|---|
| DOCUMENT # L05000050914 1. Entity Name CAPITAL FINANCIAL PARTNERS USA, LLC | | | |  | |
| Principal Place of Business 8445 INTERNATIONAL DRIVE, SUITE 109 ORLANDO, FL 32819 | | | Mailing Address 8445 INTERNATIONAL DRIVE, SUITE 109 ORLANDO, FL 32819 | | |
| 2. Principal Place of Business 2430 Sand Lake Rd Suite, Apt. #, etc. | | 3. Mailing Address 2430 Sand Lake Road Suite, Apt. #, etc. | |  | |
| City & State Orlando, FL | | City & State Orlando, FL | | 4. FEI Number 20-2926732 | |
| Zip 32809 | | Country Orange | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PICKERING, DOMINIC C/O MACANTHONY REALTY INTERNATIONAL 14851 SOUTH APOPKA VINELAND ROAD ORLANDO, FL 32821 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT DOMINIC PICKERING 14851 S. APOPKA VINELAND RD ORLANDO, FL 32821 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| | | | | <small>Date</small> _____ <small>Daytime Phone #</small> _____ | |