

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90042 050 \*\*\*\*50.00

<b>DOCUMENT # L05000053646</b> 1. Entity Name <b>NCFLA CAPITAL LLC</b>					
Principal Place of Business <b>C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box # <b>One Independent Drive</b> Suite, Apt. #, etc. <b>Suite 1850</b> City & State <b>Jacksonville, FL</b> Zip <b>32202</b> Country		3. Mailing Address <b>One Independent Drive</b> Suite, Apt. #, etc. <b>Suite 1850</b> City & State <b>Jacksonville, FL</b> Zip <b>32202</b> Country			
4. FEI Number <b>20-3107601</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				04242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>EVANS, WILLIAM G ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>EVANS, WILLIAM G</b> <b>ONE INDEPENDENT DR STE 114</b> <b>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William G. Evans</b> <b>Suite 1850</b> <input checked="" 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	
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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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	
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.					
<b>SIGNATURE:</b> 			Authorized Representative <b>4/24/07 (904) 356-1978</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		