2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000089383



FILED Apr 14, 2006 8:00 am Secretary of State

1. Entity Name CAPELLA GROUP LLC			04-14-2006	90030 0.	29 3:	5.00		
Principal Place of Business 2141 N UNIVERSITY DRIVE NO. 371 CORAL SPRINGS, FL 33071 Mailing Address 2141 N UNIVERSITY DRIVE NO. CORAL SPRINGS, FL 33071			. 371		ANIEL ONLI EENE NOTE COI	1 22/81 (3/12 43 0	de como (0:20 :772	
Principal Place of Business 3. Mailing Address			<u></u>					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04112006	Chg-LLC	CR2E0	33 (11/05)	
City & State	City & State			4. FEI Numbe	20 3447	314		plied For t Applicable
Zip Country	Zip	Country		<u> </u>	of Status Desired	Ų.	\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent.			7. Name and Address of New Registered Agent Name					
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			Street Address (P.O. Box Number is Not Acceptable)					
			City	City FL Zip Code				
The above named entity submits this statement for the purpose of changing its registers.			ed office or registe	red agent, or bo	th, in the State of Flo		amiliar with,	and accept
the obligations of registered agent.								
SIGNATURE	and tritle if applicable. (NOT	E: Registere	orupes enutarge magA b	d when renstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						e check p a Departm	ayable to ent of State	•
9. MANAGING MEMBERS/MANAGERS 10					ADDITIONS	/CHANGES		
TITLE MGR NAME MICHAEL, ALAN R STRET ADDRESS 2141 N UNIVERSITY DRIVE NO. CITY-ST-ZIP CORAL SPRINGS, FL 33071	Delete						☐ Change	☐ Addition
TITLE MGR NAME MICHAEL, JUDITH C STREET ADDRESS 2141 N UNIVERSITY DRIVE NO. CITY-ST-ZIP CORAL SPRINGS, FL 33071	☐ Delete						☐ Change	Addition
TITLE MGR NAME MICHAEL, ANDREW ALAN STREET ADDRESS 2141 N UNIVERSITY DRIVE NO CITY-ST-ZIP CORAL SPRINGS, FL 33071	□ Delete		l l				☐ Change	☐ Addition
TITLE MGR NAME MICHAEL, ELIZABETH S STREET ADDRESS 2141 N UNIVERSITY DRIVE NO CITY-S1-ZIP CORAL SPRINGS, FL 33071	☐ Oelete			····			☐ Change	☐ Addition
TITLE _ NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete		1				☐ Change	☐ Addition i
TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with	☐ Delete	CIT	me Reet adoress Y-ST-ZIP	d in Chapter 140	Florida Statutan	further contin	Change	Addition

I nereby ceruly that the miormation supplied with this litting coes not quality for the exemptions contained in chapter 1.15, montal statutes. I further certify that the miormation indicated on this report is true and accurate and that my signature shall have 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.