


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90031 027 ****50.00

DOCUMENT # L05000110454		
1. Entity Name 400 CAPITAL GROUP, LLC		

Principal Place of Business 9687 CYPRESS HAMMOCK CIRCLE, #201 BONITA SPRINGS, FL 34135	Mailing Address 9687 CYPRESS HAMMOCK CIRCLE, #201 BONITA SPRINGS, FL 34135
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2. Principal Place of Business 9154 Willow Walk Suite, Apt. #, etc.	3. Mailing Address 9154 Willow Walk Suite, Apt. #, etc.
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City & State Bonita Springs, FL Zip 34135 Country Lee	City & State Bonita Springs, FL Zip 34135 Country Lee
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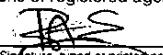
09012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3954860	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SZYMCAK, ROBERT A 9687 CYPRESS HAMMOCK CIRCLE, #201 BONITA SPRINGS, FL 34135	
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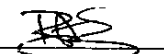
7. Name and Address of New Registered Agent Name Szymczak, Robert A Street Address (P.O. Box Number is Not Acceptable) 9154 Willow Walk City Bonita Springs FL Zip Code 34135	
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8. The above named entity submits this statement for the purpose of changing 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  Robert Szymczak Agent	DATE 9/8/06

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SZYMCAK, ROBERT A 9687 CYPRESS HAMMOCK CIRCLE, #201 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RA Szymczak Enterprises, Ltd. 9154 Willow Walk Bonita Springs FL 34135 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE:  Robert Szymczak Managing Member	DATE 9/8/06
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