2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# L05000115317

Entity Name: CAPI, LLC

Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD.
SUITE 207
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD.
SUITE 207
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, ISABEL
1820 NORTH CORPORATE LAKES BLVD.
SUITE 207
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANZOLA, NELSON
Address: 1820 NORTH CORPORATE LAKES BLVD.
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete
Name: FRANCIS GUANIPA DE A, NZOLA
Address: 1820 NORTH CORPORATE LAKES BLVD.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANZOLA, NELSON
Address: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Change ( ) Addition
Name: FRANCIS GUANIPA DE A, NZOLA
Address: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NELSON ANZOLA MGR 03/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date