


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000115784 1. Entity Name NATIONAL CAPACITOR WAREHOUSE LLC	
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Principal Place of Business 5803 ROYAL LAKE CIR. BOYNTON BEACH, FL 33437	Mailing Address 5803 ROYAL LAKE CIR. BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2192920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGMAN, HERB
5803 ROYAL LAKE CIR.
BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

1100000708688
04/24/07-80124-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIEGMAN, HERB 5803 ROYAL LAKE CIR. BOYNTON BEACH, FL 33437
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IN THIS SPACE**

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: *Herb Siegman* **HERB SIEGMAN** **4/12/07** **564-498-5295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #