## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000085492



**FILED** Feb 21, 2007 8:00 am Secretary of State 02-21-2007 90102 040 \*\*\*\*50.00

1. Entity Name		CAPING CONSULTA	ANT, LLC								
Principal Place of Business 7817 SOUTHWEST 57TH LANE, APT. 273 GAINESVILLE, FL 32608			Mailing Address 7817 SOUTHWEST 57TH LANE, APT. 273 GAINESVILLE, FL 32608				# A A R E D D D D				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02192007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State				4. FEI Numbe	546070	/	<del></del>	plied For Applicable
Zip Country		Zip Count		ntry			of Status Desired		5.00 Addi ee Required		
	6. Name	and Address of Current R	egistered Agent	istered Agent			7. Name and Address of New Registered Agent				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Name JOHN F. LOCKE JJ.  Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR MIAMI, FL 33145					78/	/7	SW S	57 Lw.	Aps	7 27 Zip Code	3
	ions of regist		<i>II</i>	John		Se	agent, or bot	h, in the State of			
Filing Fee is \$50.00 Due by May 1, 2007									ake check pa ida Departme		
9.		MANAGING MEMBER	IS/MANAGERS	10.				ADDITION	S/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7817 SOL	JOHN F III UTHWEST 57TH LANE, /ILLE, FL 32608	☐ Delete	TITL NAM STR	E					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete LOCKE, DEBORA K 7817 SOUTHWEST 57TH LANE, APT. 273								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOCKE, DEBORA K 7817 SOUTHWEST 57TH LANE, AP GAINESVILLE, FL 32608		□ Delete	Delete TITLE NAM! STRE!						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7817 SO	JOHN F III UTHWEST 57TH LANE, JILLE, FL 32608	Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
11. Thereby	certify that th	ne information supplied with	this filing does not qualify for	or the exe	emotions conta	ained in	Chapter 119.	Florida Statutes.	I further certify	that the info	rmation

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: John F. Locke III John J. Solve III	2-19-07	914-906-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #