

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

04-11-2007 90157 040 ****50.00

DOCUMENT # L06000096858					
1. Entity Name CAPTAIN AL'S LLC					
Principal Place of Business 40 OLD WINSTON CIRCLE SANTA ROSA BEACH FL 32459			Mailing Address 40 OLD WINSTON CIRCLE SANTA ROSA BEACH FL 32459		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 651293105				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALTMAN, HARRY A 40 OLD WINSTON CIRCLE SANTA ROSA BEACH FL 32459			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALTMAN, HARRY A 40 OLD WINSTON CIRCLE SANTA ROSA BEACH FL 32459		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Harry Alan Altman</i></u> 3/30/07 (850) 830-5546 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					