

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039591

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** CAPITAL LOAN ADJUSTERS, LLC

**Current Principal Place of Business:**

5415 LAKE HOWELL ROAD  
SUITE 245  
WINTER PARK, FL 32792

**New Principal Place of Business:**

380 S. FORREST CITY RD.  
SUITE 1004-240  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

5415 LAKE HOWELL ROAD  
SUITE 245  
WINTER PARK, FL 32792

**New Mailing Address:**

380 S. FORREST CITY RD.  
SUITE 1004-240  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 26-4738819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROD RODDENBERRY CPA/PA  
1950 LEE ROAD  
SUITE 106  
WINTER PARK, FL 32789 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: MGRM  
Name: PALOWITCH, MICHAEL D  
Address: 380 S. FORREST CITY RD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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: MICHAEL D. PALOWITCH

MGRM

02/16/2011

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