

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029720

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL TRUST SOLUTIONS LLC

**Current Principal Place of Business:**

105 S PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

303B ANASTASIA BLVD STE 148  
SAINT AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 27-2183568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LADY BLUE CONSULTING INC.  
4255 US HWY 1 S STE 18-B19  
SAINT AUGUSTINE, FL 32086 US

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

LADY BLUE CONSULTING INC.  
15 HARGROVE LANE UNIT 5I  
PALM COAST, FL 32137 US

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:

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KALLER, JEFFREY W  
Address: 303B ANASTASIA BLVD STE 151  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

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: JEFFREY KALLER

MGRM

04/23/2012

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