# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L97000001296

1. Entity Name

DEG CAPITAL MANAGEMENT L.C.



**FILED** Feb\_12, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

140 INTRACOASTAL POINTE DR. #410 JUPITER, FL 33477

140 INTRACOASTAL POINTE DR. #410 JUPITER, FL 33477



01132005 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FEI Number 65-0770918 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEG CAPITAL G.P. I, INC. 140 INTRACOASTAL POINTE DRIVE JUPITER, FL 33477

### DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of chang the obligations of registered agent.</li></ol>	ing its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Agent signature required when reinstating)	DATE

### Filing Fee is \$50.00 Due by May 1, 2005

<u> </u>		
9. MANAGING MEMBERS/MANAGÉRS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEG CAPITAL PARTNERS, LTD. 140 INTRACOASTAL POINTE DRIVE JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEG CAPITAL G.P. I INC. 140 INTRACOASTAL POINTE DRIVE JUPITER, FL 33477	
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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 repeiver or trustee emptywered to execute this report as required by Chapter 608, Florida Statutes.

resse SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE