


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000008349  
 1. Entity Name  
 CAP, L.L.C.



Principal Place of Business % MILL POND PRESS, INC. 310 CENTER COURT VENICE, FL 34292-3500	Mailing Address % MILL POND PRESS, INC. 310 CENTER COURT VENICE, FL 34292-3500
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**DO NOT WRITE IN THIS SPACE**



01272005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0964630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JAMES L  
 200 SOUTH ORANGE AVENUE  
 SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MITCHELL, RICHARD J 310 CENTER COURT VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHANER, LINDA 310 CENTER COURT VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZARNOTH, THOMAS R 6751 N. TEUTONIA AVE. MILWAUKEE, WI 53209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000343932  
 04/29/05-80117-004 50.00

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Thomas R Zarnoth*      4/26/05      414 352 0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #