2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# M01000000147

Entity Name: CAPITAL RESOURCES GROUP, LLC

Current Principal Place of Business:

400 LOCUST STREET, SUITE 300
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET, SUITE 300
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-1512626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	DESTIGTER, GLENN H	
Address:	400 LOCUST STREET, SUITE 300	
City-St-Zip:	DES MOINES, IA 50309	
Title:	MGR	( ) Delete
Name:	JAMES, MC CULLOH W	
Address:	4117 WALNUT ST	
City-St-Zip:	WEST DES MOINES, IA 50265	
Title:	MGR	( ) Delete
Name:	STRUTT, DAVID S	
Address:	400 LOCUST STREET, SUITE 300	
City-St-Zip:	DES MOINES, IA 50309	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID S. STRUTT MGR 01/14/2005

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