

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004124

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: CAP ACQUIRE, LLC

**Current Principal Place of Business:**

480 WEST DUSSEL DRIVE SUITE R  
MAUMEE, OH 43537 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 119  
MAUMEE, OH 43537 US

**New Mailing Address:**

FEI Number: 37-1482187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE SUITE 4  
WESTON, FL 33331 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: MGR ( ) Delete  
Name: SHAH, RASESH H  
Address: 480 WEST DUSSEL DRIVE  
City-St-Zip: MAUMEE, OH 43537 US

Title: MGR ( ) Delete  
Name: GEORGE, RICHARD R  
Address: 480 WEST DUSSEL DRIVE  
City-St-Zip: MAUMEE, OH 43537 US

Title: MGR ( ) Delete  
Name: ANGELO, BARNARD J  
Address: 5 VIBURNUM COURT  
City-St-Zip: MILLER PLACE, NY 11764 US

**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 Chapter 119, 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: RASESH H. SHAH

MGR

04/18/2006

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