2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003843

Entity Name: SANCAP, LLC

City-St-Zip:

FILED Jan 12, 2006 Secretary of State

CASTLE ROCK, CO 80109 US

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|----------------------------------|---|---|--|
| 675 GENOA WAY CASTLE ROCK, CO 801 | 09 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 675 GENOA WAY CASTLE ROCK, CO 801 | 09 | | | |
| FEI Number: 71-0986297 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address | Name and Address of New Registered Agent: | |
| PLATT, DAVID M 1648 PERIWINKLE WAY SANIBEL, FL 33957 L | | | | |
| The above named entity s in the State of Florida. | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Age | | ent Date | | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | | |
| Title: () Name: Address: | Delete | Title: MS Name: LEVINE, D Address: 675 GENO | ()Change(X)Addition ONNA A MS A WAY | |

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: DONNA A. LEVINE MS 01/12/2006