
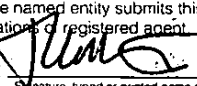
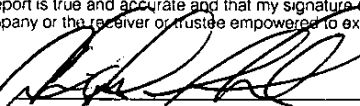


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90036 038 ****50.00

DOCUMENT # M05000004542					
1. Entity Name INVESTORS CAPITAL LLC					
Principal Place of Business 19809 N. COVE ROAD, SUITE 162 CORNELIUS, NC 28031			Mailing Address 19809 N. COVE ROAD, SUITE 162 CORNELIUS, NC 28031		
2. Principal Place of Business 8910 MERCIA AVENUE		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HUNTERSVILLE NC		City & State		4. FEI Number 80-6020937	
Zip 28078		Country MECKLENBURG		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, ROBERT W III 44 GRETCHEN LANE SOPCHOPPY, FL 32358			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  <u>ROBERT W. MARTIN III</u> Registered Agent <u>8/21/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROTHWELL, MELINDA K.O. 19809 N. COVE RD., SUITE 112 CORNELIUS, NC 28031	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER CHRISTOPHER A. LEAK 8910 MERCIA AVE HUNTERSVILLE, NC 28078
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date <u>8-21-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	