


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90286 024 \*\*\*\*55.00

<b>DOCUMENT # M05000004551</b> 1. Entity Name <b>NATTYMAC CAPITAL LLC</b>					
Principal Place of Business <b>150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701</b>			Mailing Address <b>150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2965069</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>OLSTER, BRUCE 150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IRVIN, THOMAS 150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORLEY, J. TODD 150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERSON, JAMES 150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHRISTEL, DAVID J 150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLSTER, BRUCE A 150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STIDD, ANDREW L 150 SECOND AVENUE NORTH, SUITE 1080 ST. PETERSBURG, FL 33701			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this form 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.					
<b>SIGNATURE:</b> _____				<b>3/14/06</b> <b>(727) 820-0900</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	