

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90415 026 ****55.00

DOCUMENT # Z00395

1. Entity Name

CAPITAL MARKETS SERVICES, L.C.



Principal Place of Business

540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH FL 33060

Mailing Address

540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0422154

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, JOSEPH C P.A.
2000 E. COMMERCIAL BLVD.
SUITE #720
FT. LAUDERDALE FL 33308

Name

C. ANTHONY RUMORE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

540 E. McNAB ROAD, SUITE C

City

POMPANO BEACH

FL

Zip Code
33060

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

CAD

C. ANTHONY RUMORE, ESQ.

4-7-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
SCHROEDER, GEORGE R
540 EAST MCNAB ROAD, STE. C
POMPANO BCH FL

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

George R. Schroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #