2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# Z00395

Entity Name: CAPITAL MARKETS SERVICES, L.C.

Current Principal Place of Business:

540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH, FL 33060

New Principal Place of Business:

1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH, FL 33060

Current Mailing Address:

540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH, FL 33060

New Mailing Address:

C/O SCHROEDER
P O BOX 10426
POMPANO BEACH, FL 33061

FEI Number: 65-0422154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUMORE, C. ANTHONOY ESQ.
540 E. MCNABB ROAD, STE C
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

SCHROEDER, GEORGE R
1500 EAST ATLANTIC BLVD.
B
POMPANO BEACH, FL 33060 US

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: GEORGE R. SCHROEDER 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MEM ( ) Delete
Name: SCHROEDER, GEORGE R
Address: 540 EAST MCNAB ROAD, STE. C
City-St-Zip: POMPANO BCH, FL

ADDITIONS/CHANGES:

Title: MEM (X) Change ( ) Addition
Name: SCHROEDER, GEORGE R
Address: 1500 EAST ATLANTIC BLVD.
City-St-Zip: POMPANO BCH, FL 33060

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: GEORGE R. SCHROEDER M/M 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date