

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001696

Entity Name: CAPITALCORP, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

701 BRICKELL AVENUE, SUITE 3000
C/O RICHARD MONTES DE OCA
MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVENUE, SUITE 3000
C/O RICHARD MONTES DE OCA
MIAMI, FL 33131

New Principal Place of Business:

10 ARAGON AVENUE, #1217
C/O RICHARD MONTES DE OCA
CORAL GABLES, FL 33134

New Mailing Address:

10 ARAGON AVENUE, #1217
C/O RICHARD MONTES DE OCA
CORAL GABLES, FL 33134

FEI Number: 57-1216307 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:

MONTES DE OCA, RICHARD
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MONTES DE OCA, RICHARD
10 ARAGON AVENUE, #1217
CORAL GABLES, FL 33134 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: RICHARD MONTES DE OCA

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MONTES DE OCA, RICHARD
Address: 10 ARAGON AVENUE, #1217
City-St-Zip: CORAL GABLES, FL 33134

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: RICHARD MONTES DE OCA

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date