


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000090355

1. Entity Name
LANDSTAR CAPRON CAPITAL, LLC



Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134
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03302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4052029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHECHTER, ROSA E ESQ.
 550 BILTMORE WAY, SUITE 1110
 CORAL GABLES, FL 33134**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERVIANSKY, DAVID 550 BILTMER 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, EZRA 2655 S BAYSHORE DR PH 2A MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, RODOLFO 550 BILTMER WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORWITZ, ROBERTO 550 BILTMER WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, EDUARDO 550 BILTMORE WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000737939
 05/11/07-80046-023 50.00

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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: *David Serviansky* **David Serviansky** **4/17/07** **(305) 461-2440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #