2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000090355

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

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90023 045 ***138.75

60031330



01042008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number		Applied For	
20-4052029		Not Applicable	
5. Certificate of Status Desired		.00 Additional	

6. Name and Address of Current Registered Agent

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

SIGNATURE:

SIGNATURE AND

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the obliga	ions of registered agent.		
SIGNATURE.	<u> </u>		
FILE After May	Signature, typed or printed name of registered agent and lide (applicable NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	(NOTE Registered Agent signature required when reinstaling)	DATE
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERVIANSKY, DAVID 550 BILTOMER 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 ADORESS CITY-ST-ZIP	VP STERN, RODOLFO 550 BILTOMER WAY 1110 MIAMI, FL 33134	DO NOT	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORWITZ, ROBERTO 550 BILTOMER WAY 1110 MIAMI, FL 33134	IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, EDUARDO 550 BILTMORE WAY 1110 MIAMI, FL 33134		
TITLE NAME STREET ADDRESS CITY - ST-ZIP			•

11. I hereby certify that the information supplied with this filling 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 accordate and that musignature 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 receiptor of the liability company or the liability company or the liability company of the liability company or the liability company of the liability company or the liability company or the lia

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