

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017539

FILED
Apr 02, 2009
Secretary of State

Entity Name: CAP2 DEVELOPMENT, LLC

Current Principal Place of Business:

6911 BARQUERA STREET
CORAL GABLES, FL 33146 US

New Principal Place of Business:

12060 SW 129TH CT
105
MIAMI, FL 33186 US

Current Mailing Address:

6911 BARQUERA STREET
CORAL GABLES, FL 33146 US

New Mailing Address:

12060 SW 129TH CT
105
MIAMI, FL 33186 US

FEI Number: 05-0632929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CODESO, JAVIER
6911 BARQUERA STREET
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CODESO, JAVIER
Address: 6911 BARQUERA STREET
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR () Delete
Name: CODESO, NICOLETTE
Address: 6911 BARQUERA STREET
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CODESO, JAVIER
Address: 12060 SW 129TH CT, SUITE 105
City-St-Zip: MIAMI, FL 33186 US

Title: MGR (X) Change () Addition
Name: CODESO, NICOLETTE
Address: 12060 SW 129TH CT, SUITE 105
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify 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: JAVIER CODESO

MGR

04/02/2009

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