

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061865

FILED
Apr 24, 2009
Secretary of State

Entity Name: CAPITAL PROFESSIONAL INVESTMENTS, L.L.C.

Current Principal Place of Business:

814 PONCE DE LEON BLVD., SUITE 416
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

814 PONCE DE LEON BLVD., SUITE 416
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 01-0901748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, DAVID S ESQ.
9400 SOUTH DADELAND BLVD., PH-3
MIAMI, FL 33156 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: MGRM () Delete
Name: DUQUE, LUIS J
Address: 814 PONCE DE LEON BLVD., SUITE 416
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: DUQUE, VIVIAN M
Address: 814 PONCE DE LEON BLVD., SUITE 416
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIVIAN DUQUE

MGRM

04/24/2009

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