

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061865

FILED  
Apr 27, 2011  
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:**

ABRAMS, DAVID S ESQ.  
9300 SW 87 AVE  
5  
MIAMI, FL 33176 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DUQUE, LUIS J  
Address: 814 PONCE DE LEON BLVD., SUITE 416  
City-St-Zip: CORAL GABLES, FL 33134

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

I hereby 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

04/27/2011

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