FILED Apr 20, 2006 8:00 am Secretary of State

ANNUAL REPORT	NY
OCUMENT #1.0500090355	/

DOCUMENT # L05000090355 1. Entity Name LANDSTAR CAPRON CAPITAL, LLC							04-20-2006	5 90031 0.	30 ****	50.00	
Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134		Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134									
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03142006	Chg-LLC	CR2E083	3 (11/05)			
City & State)	City & State				4. FEI Numb	^{er} 20-40520)29	_ 	plied For at Applicable	
Zip	Country Zip Cour			5. Certificate of Status Desired \$5.00 Additional Fee Required							
	6. Name and Address of Current	t Registered Agent		Name		7. Name and	Address of New R	egistered Ag	ent		
550 BILTM	ER, ROSA E ESQ. ORE WAY, SUITE 1110 ABLES, FL 33134		Street			Address (P.O. Box Number is Not Acceptable)					
Is .				City				FL	Zip Cod	e	
the obligations	named entity submits this statement fons of registered agent. Signature, typed or printed name of registered agen			d Agent signature in			oth, in the State of Flo	orida. I am far	niliar with,	and accept	
Filing Fee is \$50.00 Due by May 1, 2006								e check pay i Departmer		8	
9. '	MANAGING MEMB	ER\$/MANAGER\$	10.	· · · · · · · · · · · · · · · · · · ·	- D7A	sident	ADDITIONS/	CHANGES			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Dav 550	vid Serviansl Biltmore W ral Gables, P	ay, #1110	[] Change	XXAddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Ezr 265	e President a Katz 55 S. Bayshore Drive, PH-2A conut Grove, FL 33134		Į.	□ Change	XXAddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Roc 550	e President dolfo Stern) Biltmore W ral Gables, F			□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Roll 550	e President berto Horwit Biltmore W ral Gables, F	ay, #1110		Change	¥¥Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Vic Ed: 550	e President uardo Stern) Biltmore W ral Gables, F	ay, #1110		Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	EET ADDRESS '-ST-ZIP					Change	Addition	
indicated	certify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	d that my signature shall have	the sam	e legal effect a	as if n	nade under oa'	h; that I am a manag	urther certify t ging member	hat the info or manage	ormation er of the	

SIGNATURE: David Servian

SIGNATURE: David Servian

SIGNATURE: David Servian

David Servian

David Serviansky

(305) 461-2440