


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90057 037 ****55.00

DOCUMENT # L03000018913

1. Entity Name
100% CAPITAL INVESTMENTS GUARANTEE, LLC.



Principal Place of Business 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 US	Mailing Address 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 US
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60044038

2. Principal Place of Business - No P.O. Box # 401 E LAS OLAS BLVD Suite, Apt. #, etc. 1180	3. Mailing Address 401 E LAS OLAS BLVD Suite, Apt. #, etc. 1180
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04192007 Chg-LLC CR2E083 (12/06)

City & State FT Lauderdale FL	City & State FT Lauderdale FL	4. FEI Number 41-2097014	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country U.S.A.	Zip 33301	Country U.S.A.

6. Name and Address of Current Registered Agent HOURI, DAVID 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name FRANK L DIAZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6th FL City MIAMI FL Zip Code 33145
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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 the obligations of registered agent.

SIGNATURE Frank Diaz (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOURI, DAVID 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Houri David 401 E las olas Blvd #1180 FT Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #