

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002982

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** THE CAPRICORN GROUP, L.L.C.

**Current Principal Place of Business:**

902 CLINT MOORE ROAD  
SUITE 146  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

902 CLINT MOORE ROAD  
SUITE 146  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 65-0432980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PESCE, FRANK  
902 CLINT MOORE ROAD  
SUITE 146  
BOCA RATON, FL 33487 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:** MM  
**Name:** PESCE, FRANK SR  
**Address:** 902 CLINTMOORE RD, SUITE 146  
**City-St-Zip:** BOCA RATON, FL 33487

**Title:** MM  
**Name:** PESCE, FLORENCE  
**Address:** 902 CLINT MOORE RD, SUITE 146  
**City-St-Zip:** BOCA RATON, FL 33487

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:** /FRANK PESCE/

MM

02/10/2010

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