

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008549

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** CAPITAL PARTNERS AMERICA L.L.C.

**Current Principal Place of Business:**

1221 BRICKELL AVENUE (9TH FLOOR)  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

46 PALMERSTON ROAD  
WIMBLEDON, LONDON  
SW19 1PQ UNITED KINGDOM, UK SW19 1PQ

**New Mailing Address:**

**FEI Number:** 52-2261099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOVIO, REINA  
13345 NW 13 ST  
PEMBROKE PINES, FL 33028 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: CAPITAL PARTNERS GRO, UP LIMITED  
Address: 46 PALMERSTON ROAD/WIMBLEDON/LONDON  
City-St-Zip: SW19 1PQ UNITED KINGDOM, UK SW19 1PQ UK

Title: MGRM ( ) Delete  
Name: ROJAS, CLAUDIO MR  
Address: 46 PALMERSTON ROAD/WIMBLEDON/LONDON  
City-St-Zip: SW19 1PQ UNITED KINGDOM, UK SW19 1PQ UK

**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 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: CLAUDIO ROJAS

MGRM

04/03/2007

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