
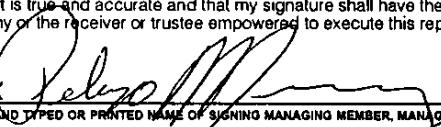


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90380 046 \*\*\*\*50.00

<b>DOCUMENT # L01000010941</b>					
1. Entity Name MIAMI CAPITAL PARTNERS, LLC					
Principal Place of Business C/O MARCELL FELIPE 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33131 US			Mailing Address C/O MARCELL FELIPE 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1121475	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARCELL FELIPE, P.A. 1401 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELIPE, MARCELL		NAME		
STREET ADDRESS	1401 BRICKELL AVENUE, SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDEZ, PELAYO		NAME		
STREET ADDRESS	1401 BRICKELL AVENUE, SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: X 			Date: 5/30/07		Daytime Phone #: (305) 381-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60049451



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1121475 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

Make check payable to Florida Department of State

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SIGNATURE: X  Date: 5/30/07 Daytime Phone #: (305) 381-8500

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