FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90038 010 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020642

1. Entity Name
CAPITAL GROUP, LLC

Principal Place of Business	Mailing Address
400 S. DIXIE HWY SUITE 6 HALLANDALE, FL 33009	400 S. DIXIE HWY SUITE 6 HALLANDALE, FL 33009

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1500 Bay RD	1500 Bay RD
Suite, Apt. #, etc. Suite 1214	Suite, Apt. #, etc. Suite #1214
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 65-1155912 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACQUISITION GROUP MANAGEMENT, INC. 400 S. DIXIE HWY SUITE #6 HALLANDALE, FL 33009	Name Acquisition Group Management, Inc Street Address (P.O. Box Number is Not Acceptable) 1500 Bay RD Suite 1214 City Miami Beach FL Zip Code 33139

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 [signature], Emanuel Benjamin, President DATE 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENJAMIN, EMANUEL 400 S. DIXIE HWY HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Benjamin, Emanuel 1500 Bay RD #1214 Miami Beach, FL 33139	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Emanuel Benjamin 4/10/03 305-525-3542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #