2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022309

1. Entity Name
F.I.G. CAPITAL, LLC

Principal Place of Business	Mailing Address
121 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134 US	121 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

20007822

02062006   Chg-LLC   CR2E083 (11/05)

4. FEI Number: 56-2320287 | 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**
AMERICAN INFORMATION SERVICES, INC. SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVE. 28TH FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2006**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS		**10.**		ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FERNANDEZ, MIGUEL B		NAME			
STREET ADDRESS	121 ALHAMBRA PLAZA SUITE 1100		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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: _____ 2/9/06   3054611162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #