

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000561

FILED
Jul 11, 2007
Secretary of State

Entity Name: CAPITAL GROWTH INVESTMENT FUND ADVISORS, LLC

Current Principal Place of Business:

225 NE MIZNER BLVD., STE. 750
BOCA RATON, FL 33432

New Principal Place of Business:

1200 NO FEDERAL HWY
SUITE 400
BOCA RATON, FL 33432 US

Current Mailing Address:

225 NE MIZNER BLVD., STE. 750
BOCA RATON, FL 33432

New Mailing Address:

1200 NO FEDERAL HWY
SUITE 400
BOCA RATON, FL 33432 US

FEI Number: 83-0363551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MACLAREN, MONIQUE
225 NE MIZNER BLVD., STE. 750
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MACLAREN, MONIQUE
1200 NO FEDERAL HWY
SUITE 400
BOCA RATON, FL 33432 US

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:

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAPITAL GROWTH FINAN, CIAL, LTD.
Address: 225 NE MIZNER BLVD., STE. 750
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAPITAL GROWTH FINAN, CIAL, LTD.
Address: 1200 NO FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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: MACLAREN, MONIQUE

MGRM

07/11/2007

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