

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005665

1. Entity Name

CAPITAL ADVISORS, LLC



FILED

2003 OCT -3 PM 1:49

DIV. OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

21150 POINTE PLACE, APT. #705  
AVENTURA FL 33180

Mailing Address

21150 POINTE PLACE, APT. #705  
AVENTURA FL 33180

2. Principal Place of Business

17701 Biscayne Blvd.

3. Mailing Address

17701 Biscayne

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

51-0448146

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

400023526604  
10/03/03-01012-013-#15.00

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SINGER, MARCOS R  
STREET ADDRESS 21150 POINTE PLACE, APT. #705  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 17701 Biscayne Blvd. Suite 300  
CITY-ST-ZIP Aventura FL 33160

TITLE ☐ Change ☒ Addition  
NAME ~~JOEL~~ MGRM  
STREET ADDRESS Joel Edelman  
CITY-ST-ZIP 17701 Biscayne Blvd. Suite 300  
Aventura, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 MARCOS SINGER

09/20/03

305-931-7270

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

Date

Daytime Phone #

CR2E083 (4/03)