


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90036 023 ****50.00

DOCUMENT # L02000019512					
1. Entity Name MIAMI CAPITAL MANAGEMENT, LLC					
Principal Place of Business 888 BRICKELL AVE., 5TH FL MIAMI, FL 33131 <i>1401 Brickell Ave</i>			Mailing Address 888 BRICKELL AVE., 5TH FL MIAMI, FL 33131		
2. Principal Place of Business <i>1401 Brickell Avenue</i>		3. Mailing Address <i>1401 Brickell Avenue</i>			
Suite, Apt. #, etc. <i>Suite 500</i>		Suite, Apt. #, etc. <i>Suite 500</i>			
City & State <i>Miami, FL</i>		City & State <i>Miami, Florida</i>		4. FEI Number 33-1016487	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FELIPE, MARCELL ESQ 888 BRICKELL AVE., 5TH FL MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <i>Marcell Felipe, ESQ</i> Street Address (P.O. Box Number is Not Acceptable) <i>1401 Brickell Avenue</i> <i>Suite 500</i> City <i>Miami</i> FL Zip Code <i>33131</i>		
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 <i>Marcell Felipe</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEZ, PELAYO 888 BRICKELL AVE 5TH FLR MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pelayo Mendez 1401 Brickell Avenue, Suite 500 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Pelayo Mendez</i>			Date <i>4/25/05</i> Daytime Phone # <i>305 381-4500</i>		