

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025012

Entity Name: CAPITAL BROKERS, LLC

FILED  
Mar 16, 2007  
Secretary of State

## Current Principal Place of Business:

444 BRICKELL AV  
721  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

444 BRICKELL AV  
721  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 81-0575928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIRALDO, CHRISTIAN S  
444 BRICKELL AV  
721  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

GURIAN, JORGE  
2600 DOUGLAS RD.  
SUITE 1100  
CORAL GABLES, FL 33134 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: JORGE GURIAN

03/16/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DAVID, PAOLA A  
Address: 444 BRICKELL AV SUITE # 721  
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete  
Name: GIRALDO, CHRISTIAN S  
Address: 444 BRICKELL AV SUITE # 721  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MUNOZ, DANIEL  
Address: 444 BRICKELL AV SUITE # 721  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL MUNOZ

MGRM

03/16/2007

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