

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000025012

**FILED**  
**Mar 19, 2007**  
**Secretary of State****Entity Name:** CAPITAL BROKERS, LLC**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:**GURIAN, JORGE  
2600 DOUGLAS RD.  
SUITE 1100  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**GIRALDO, CHRISTIAN  
444 BRICKELL AV  
SUITE 721  
MIAMI, FL 33131 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: CHRISTIAN GIRALDO

03/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: MUNOZ, DANIEL  
Address: 444 BRICKELL AV SUITE # 721  
City-St-Zip: MIAMI, FL 33131Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change ( ) Addition  
Name: GIRALDO, CHRISTIAN  
Address: 444 BRICKELL AV SUITE # 721  
City-St-Zip: MIAMI, FL 33131Title: MGRM ( ) Change (X) Addition  
Name: DAVID, PAOLA  
Address: 444 BRICKELL AV SUITE # 721  
City-St-Zip: MIAMI, FL 33131

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: CHRISTIAN GIRALDO

MGRM

03/19/2007

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