

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000028687

FILED
Oct 14, 2008
Secretary of State

Entity Name: CAPITAL GROWTH EQUITY FUND I, LLC

Current Principal Place of Business:

1200 NO FEDERAL HWY SUITE 400
BOCA RATON, FL 33432

New Principal Place of Business:

6549 LANDINGS CT
BOCA RATON, FL 33496

Current Mailing Address:

1200 NO FEDERAL HWY SUITE 400
BOCA RATON, FL 33432

New Mailing Address:

6549 LANDINGS CT
BOCA RATON, FL 33496

FEI Number: 38-3669367 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

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

Name and Address of New Registered Agent:

JACOBS, MICHAEL S
6549 LANDINGS CT
BOCA RATON, FL 33496 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: MICHAEL S. JACOBS

10/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAPITAL GROWTH INVES, TMENT FUND ADV I SORS,LL
Address: 1200 NO FEDERAL HWY SUITE 400
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAPITAL GROWTH INVES, TMENT FUND ADV I SORS,LL
Address: 6549 LANDINGS CT
City-St-Zip: BOCA RATON, FL 33496

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: MICHAEL S. JACOBS

MRGM

10/14/2008

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