


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004913

DOCUMENT # L02000028687

1. Entity Name
CAPITAL GROWTH EQUITY FUND I, LLC



FILED
03 SEP 24 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
225 MIZNER BLVD., SUITE 750 225 MIZNER BLVD., SUITE 750
BOCA RATON FL 33432 BOCA RATON FL 33432



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
38-3669367 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~EMAG, JOSEPH I.~~
~~1224 WASHINGTON AVENUE~~
~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent

Name **Michael S. Jacobs**

Street Address (P.O. Box Number is Not Acceptable)
225 NE Mizner Blvd.

Suite 750

City **Boca Raton** FL Zip Code **33432**

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 *Michael Jacobs* DATE **9/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	CAPITAL GROWTH INVESTMENT FUND ADVISORS, LLC			
	225 MIZNER BLVD., SUITE 750			
	BOCA RATON FL 33432			

10. ADDITIONS/CHANGES

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: *Michael Jacobs* DATE **9/23/03** (561) 394-7801

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

CR2E083 (4/03)