2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 26, 2007 08:00 AM Secretary of State

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1. Entity Name
CAP INVESTMENTS, LLC



Principal Place of Business

Mailing Address

9090 SOUTHWEST 87TH COURT MIAMI, FL 33176

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DO NOT WRITE IN THIS SPACE

01292007No Chg-LLC CR2E083 (11/05)

4. FEI Number	[Applied Fol	
<u>05-0558421</u>	Not Applicabl	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

YVETTE ALMEIDA 9090 SW 87TH COURT MIAMI, FL 33176

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, procedur/printed name of registered agent and title (applicable) (NOTE Registered Agent sonabure required when remistating) DATE						
Fi Di	ling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMEIDA, YVETTE 9090 SOUTHWEST 87TH COURT MIAMI, FL 33176	U00000647606 03/06/07-80080-004 50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that rmy 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.						

PRINTED NAME OF SIGNING WAYNAGING MEMBER, OR AUTHORIZED REPRESENTATIVE