

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014107

FILED  
May 03, 2007  
Secretary of State

**Entity Name:** CAPITAL PROPERTIES & INVESTMENTS, LLC

**Current Principal Place of Business:**

100 EAST LINTON BLVD  
500B  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

100 EAST LINTON BLVD  
500B  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 01-0779906      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

AMERICAN LIBERTY FINANCIAL  
100 EAST LINTON BLVD  
500B  
DELRAY, FL 33483 US

**Name and Address of New Registered Agent:**

SORRELLS, ELAINE PRES  
100 EAST LINTON BLVD  
500B  
DELRAY, FL 33483 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: ELAINE SORRELLS

05/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMERICAN LIBERTY FIN, ANCIAL, INC.  
Address: 100 E LINTON BLVD, #500B  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: OFC (X) Change ( ) Addition  
Name: SORRELLS, ELAINE PRES  
Address: 100 E LINTON BLVD, #500B  
City-St-Zip: DELRAY BEACH, FL 33483

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: ELAINE SORRELLS

PRES

05/03/2007

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