


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90057 037 ****55.00

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| DOCUMENT # L03000018913 | |  |
| 1. Entity Name 100% CAPITAL INVESTMENTS GUARANTEE, LLC. | | |

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| Principal Place of Business 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 US | Mailing Address 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 US |
|---|---|

60044038

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| 2. Principal Place of Business - No P.O. Box # 401 E LAS OLAS BLVD Suite, Apt. #, etc. 1180 | 3. Mailing Address 401 E LAS OLAS BLVD Suite, Apt. #, etc. 1180 |
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| City & State Ft Lauderdale FL | City & State Ft Lauderdale FL |
| Zip 33301 | Country U.S.A. |



04192007 Chg-LLC CR2E083 (12/06)

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| 6. Name and Address of Current Registered Agent HOURI, DAVID 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 | | 7. Name and Address of New Registered Agent Name: FRANK L DIAZ P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6th FL City: MIAMI FL Zip Code: 33145 | |
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| 4. FEI Number 41-2097014 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 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: Frank Diaz | DATE: |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOURI, DAVID 19495 BISCAYNE BLVD #501 AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Houri David 401 E las olas Blvd #1180 Ft Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 exemptions contained in Chapter 119, 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.

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