2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# L03000036551

Entity Name: CAPITAL FUNDS GROUP, LLC

Current Principal Place of Business:

805 HUNTSVILLE ROAD
GOTHA, FL 34734

New Principal Place of Business:

Current Mailing Address:

805 HUNTSVILLE ROAD
GOTHA, FL 34734

New Mailing Address:

FEI Number: 16-1684506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMAS, JOSEPH I
1224 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: JOHNSON, MICHAEL R
Address: 805 HUNTSVILLE ROAD
City-St-Zip: GOTHA, GA 34734

Title: MGRM ( ) Delete
Name: FIGUEROA, ALBERTINA
Address: 1470 NW 107 AVE, SUITE G
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete
Name: PRESSLER, FRANK
Address: 805 HUNTSVILLE ROAD
City-St-Zip: GOTHA, GA 34734

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: EMAS, JOSEPH I
Address: 1210 WASHINGTON AVENUE, SUITE 21
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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 R JOHNSON MGR 01/13/2004

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