

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037217

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Entity Name:** INDEPENDENT EXECUTIVE MANAGEMENT LLC

**Current Principal Place of Business:**

1726 7TH AVE SUITE 22  
TAMPA, FL 33605

**New Principal Place of Business:**

16111 BRIDGEWALK DRIVE  
SUITE A  
LITHIA, FL 33547

**Current Mailing Address:**

1726 7TH AVE SUITE 22  
TAMPA, FL 33605

**New Mailing Address:**

16111 BRIDGEWALK DRIVE  
SUITE A  
LITHIA, FL 33547

**FEI Number:** 87-0710176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAP ASSET MANAGEMENT, LLC  
1726 7TH AVE SUITE 22  
TAMPA, FL 33605 US

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

CAP ASSET MANAGEMENT, LLC  
16111 BRIDGEWALK DRIVE  
SUITE A  
LITHIA, FL 33547 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:** MARCO CAPORALE

04/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CAP ASSET MANAGEMENT, , LLC  
**Address:** 1726 7TH AVE., STE. 22  
**City-St-Zip:** TAMPA, FL 33605

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** CAP ASSET MANAGEMENT, , LLC  
**Address:** 16111 BRIDGEWALK DRIVE  
**City-St-Zip:** LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the 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:** MARCO CAPORALE

MGR

04/02/2007

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