

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039223

Entity Name: CAPITAL ADVISORY, LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

11900 BISCAYNE BLVD., SUITE 100
MIAMI, FL 33181

New Principal Place of Business:

1 SE THIRD AVENUE
SUITE 1720
MIAMI, FL 33131

Current Mailing Address:

1 SE THIRD AVENUE
SUITE 1720
MIAMI, FL 33181

New Mailing Address:

1 SE THIRD AVENUE
SUITE 1720
MIAMI, FL 33131

FEI Number: 65-1206848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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/MANAGERS:

Title: MGR () Delete
Name: PUTZER, JEAN
Address: 11900 BISCAYNE BLVD., SUITE 100
City-St-Zip: MIAMI, FL 33181

Title: ST () Delete
Name: PUTZER, JEAN
Address: 11900 BISCAYNE BLVD., SUITE 100
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PUTZER, JEAN
Address: 1 SE THIRD AVENUE, SUITE 1720
City-St-Zip: MIAMI, FL 33131

Title: ST (X) Change () Addition
Name: PUTZER, JEAN
Address: 1 SE THIRD AVENUE, SUITE 1720
City-St-Zip: MIAMI, FL 33131

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: JEAN PUTZER

MGR

01/18/2007

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