2004 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000051162

	ANNUAL	REPORT				F	LEUCTATE	
DOCUMENT # L03000051162					SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Entity Name					UNAISION of gar.			
CIVIAX CA	APITAL GP - VII, LLC					OL MAR 2	3 PM 3: 17	1 1
			1	1100		04/11///	11	חנית/את.
Principal Place		Mailing Address					U	~ 70 (/ ₀)
	.AS BLVD, STE 1020 RDALE, FL 33301		515 E LAS OLAS BLVD, STE 1020 FORT LAUDERDALE, FL 33301					,
,				ľ		BUITE WILL BEN BUTTE BEN	n haran arran isadi (tere arra	
2. Principal Place of Business 3. Mailing Address								
/550 S Suite, Apt.		1550 Squan	955 Cot.	Plus		#0103		
Suite, Apt. 4		Suite, Apt. #, etc.	,		02122004	Chg-LLC	CR2E083 (10/03	3)
City & State	•	City & State			4. FEI Numb			Applied For
SUNIEI	Se, FL Country	Sunrise,	F L Country		20-	046373		Not Applicable
33323		33323	USA	1	5. Certificate	of Status Desired	□ \$5.00 A Fee Requi	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
WATSON,	KEVIN			ZVIX		WATION		
515 E LAS OLAS BLVD, STE 1020 Street Address (P.O. Box Number is Not Acceptable)								
FORTLAU	DERDALE, FL 33301		#	230				
 <u>.</u>			City			· ··	FI Zip Co	ode
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registere		th, in the State of Flo	orida. I am familiar wit	h, and accept
	ons of registered agents		•		-		/A/OV	
SIGNATURE _	Signature, typed or parted name of registered agent a	nd title il applicable. (NOTE	: Registered Agent signat	beriuper eru	when reinstating)	رك	DATE	
Fil Du					e check payable to a Department of Sta			
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	CHANGES	
TITLE		☐ Delete	TITLE NAME	MG	RM in H. l	()	☐ Change	_
NAME STREET ADDRESS			STREET ADDRESS	1550	5 Saw 9	russ Cpt.	Pkuy. #2	30
CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	SUA	URISE .			
TITLE NAME		☐ Delete	TITLE NAME	MGA		Warson	Change	e 🖪 Addition
STREET ADDRESS			STREET ADDRESS	1550	O Sawg	rrass Cpit	· Phuy #	230
CITY-ST-ZIP			CITY-ST-ZIP	50,	reise	FL 33	<u> 323 </u>	
TITLE NAME		☐ Delete	TITLE NAME	ı	5	nnnan	Change	e 🗌 Addition
STREET ADDRESS			STREET ADDRESS		03/2	4/0401003	963663 3011 **24	55.00
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			<u></u>		——————————————————————————————————————
TITLE Name		Delete	TITLE NAME				☐ Changi	e 🔲 Addition
STREET ADDRESS			STREET ADDRESS	}				
CITY-ST-ZIP			CITY-ST-ZIP				Changi	e 🔲 Addition
TITLE NAME		LJ Delete	TITLE NAME				Cuang	o Maailloil i
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	□ Dolato	CITY-ST-ZIP	<u> </u>				e Addition
NAME		Delete	NAME					- C Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
11. I hereby r	pertify that the information supplied with	this filing does not qualify for	r the exemption sta	ted in Se	ction 119.07(3)	(i), Florida Statutes.	further certify that the	e information
indicated	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same legal effe	ect as if m	nade under nati	n: that I am a mana	ging member or mana	iger of the
	-6/					~ /c/.	=================================	
SIGNAT	URE:		EUM WA			SKION	954-215	
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #								