## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 12, 2007 8:00 am DOCUMENT # L04000008974 **Secretary of State** 1. Entity Name 03-12-2007 90483 043 \*\*\*\*50.00 CAPITAL DEVELOPERS, LLC Principal Place of Business Mailing Address 2900 GLADES CIRCLE 2900 GLADES CIRCLE 850 WESTON, FL 33327 WESTON, FL 33327 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-0678409 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELIZABETH JOSE GREGORIO TOVAR Street Address (P.O. Box Number is Not Ag 2900 GAPET ARIAS TOVAR & ASSOC, PA-WESTON TOWN CENTER 1725 MAIN ST, STE 209 WESTON, FL 33326 STON 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. BURENO Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition SOSA, JUAN I NAME NAME STREET ADDRESS 1101 BRICKELL AVE. STE 1401 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MGR Delete TITLE TITLE ☐ Change ■ Addition MARAVER, JOSE NAME 1101 BRICKELL AVE, STE 1401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 City-St-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition BRICENO, RAUL NAME NAME 2900 GLADES CIRCLE SUITE 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP SAME Delete TITLE TITLE 🔀 Change ☐ Addition HERNANDEZ, LUIS HERNANDEZ HWRNANDEZ, LUIS NAME NAME STREET ADDRESS 2900 GLADES CIRCLE STE.850 STREET ADDRESS SAME CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

Wh 17,2007

FILED