2008 LIMITED LIABILITY COMPANY

May 08, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-08-2008 90104 009 ***138 75 **DOCUMENT # L04000008974** 1. Entity Name CAPITAL DEVELOPERS, LLC 60040292 Principal Place of Business Mailing Address 2900 GLADES CIRCLE 2900 GLADES CIRCLE 850 850 WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable 20-0678409 Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRICENO, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 2900 GADGET CIRCLE STE 850 WESTON, FL 33327 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Addition MGR ☐ Change TITLE Delete TITLE SOSA, JUAN I NAME NAME 1101 BRICKELL AVE, STE 1401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete ☐ Change ■ Addition TITLE NAME MARAVER, JOSE NAME STREET ADDRESS 1101 BRICKELL AVE, STE 1401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 MGR Delete Change ☐ Addition TITLE TITLE BRICENO, RAUL NAME NAME STREET ADDRESS 2900 GLADES CIRCLE SUITE 850 STREET ADDRESS CITY-SI-ZIP WESTON, FL 33327 CITY-ST-ZIP Detete TITLE Change ■ Addition TITLE MGR HERNANDEZ, LUIS NAME NAME 2900 GLADES CIRCLE STE.850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33327 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

11. I hereby certify that the information supplied with this filing 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1 SIGNATURE AND TYPE

NAME

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED