

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90009 046 ****50.00

DOCUMENT # L04000024396		
1. Entity Name CAPITAL BUILDING, LLC		

Principal Place of Business 600 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131	Mailing Address 600 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
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2. Principal Place of Business 200 S. Biscayne Blvd		3. Mailing Address 200 S. Biscayne Blvd.	
Suite, Apt. #, etc. Suite 3800		Suite, Apt. #, etc. Suite 3800	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0940663	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 resigning) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, HENRY B 600 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard, Henry B. 200 S. Biscayne Blvd. Suite 3800 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Renaldy J. Gutierrez 601 Brickell Key Dr. Suite 201 Miami, FL 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Business Phone #

HENRY B. HOWARD

16 MARCH 06 786 777 2300 x 7103