



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000048283 1. Entity Name CAPITAL REAL ESTATE PARTNERS OF FLORIDA, LLC	
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Principal Place of Business 1 FLORIDA PARK DR, S, ATRIUM SUITE PALM COAST, FL 32137	Mailing Address 1 FLORIDA PARK DR, S, ATRIUM SUITE PALM COAST, FL 32137
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 13-4283093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KATZ, B. PAUL 1 FLORIDA PARK DR, S, ATRIUM SUITE PALM COAST, FL 32137
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**DO NOT WRITE  
IN THIS SPACE**

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)      DATE \_\_\_\_\_

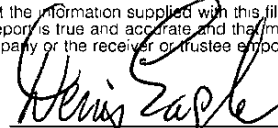
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE, DENIS 7 PENN PLAZA, SUITE 820 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, DAVID 7 PENN PLAZA, SUITE 820 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTKOWITZ, LEONARD 7 PENN PLAZA, SUITE 820 NEW YORK, NY 10001
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04/04/07-80015-007 50.00

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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:  DENIS EAGLE      3/23/07      212-714-2668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #