


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90224 020 ***138.75

DOCUMENT # L04000048283

1. Entity Name
 CAPITAL REAL ESTATE PARTNERS OF FLORIDA, LLC



60013130

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

2. Principal Place of Business - No P.O. Box #
 2303 N. STATE STREET

3. Mailing Address
 Suite, Apt. #, etc.



01302008 Chg-LLC CR2E083 (12/06)

State: *FLORIDA* City & State: *DAWSON FLA*

Zip: *32110* Country: *USA*

4. FEI Number: 13-4283093 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE, DENIS 7 PENN PLAZA, SUITE 820 NEW YORK, NY 10001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, DAVID 7 PENN PLAZA, SUITE 820 NEW YORK, NY 10001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTKOWITZ, LEONARD 7 PENN PLAZA, SUITE 820 NEW YORK, NY 10001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Denis Eagle* **DENIS EAGLE** *2/1/08* *212-714-2718*

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