

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054880

FILED
Jul 18, 2006
Secretary of State

Entity Name: CAPFUND PARTNERS I, LLC

Current Principal Place of Business:

1021 IVES DAIRY ROAD, #220
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

1021 IVES DAIRY ROAD, #220
MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-1396909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLDEN, HOWARD
1021 IVES DAIRY ROAD, #220
MIAMI, FL 33179 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARASH, ERIC
Address: 1021 IVES DAIRY ROAD, #220
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: DENGATE, DAN
Address: 1021 IVES DAIRY ROAD, #220
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: SHAMES, MARTIN
Address: 1790 SWEET BAY WAY
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC BARASH

MGRM

07/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date