


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000056792

1. Entity Name  
 CAPITAL MANAGEMENT, L.L.C.



Principal Place of Business      Mailing Address

12448 S.W. 127TH AVENUE      12448 S.W. 127TH AVENUE  
 MIAMI, FL 33186                      MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



01092008No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
 20-1618515      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUPFER, PAUL H  
 5541 UNIVERSITY DR  
 #103  
 CORAL SPRINGS, FL 33067

**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 \_\_\_\_\_

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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, CARLOS M 12448 S.W. 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, MARTHA 12448 S.W. 127TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/17/08-80075-013 138.75

**DO NOT WRITE IN THIS SPACE**

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:       1/10/08 (609) 969-200

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