

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032883

FILED
Apr 02, 2007
Secretary of State

Entity Name: CAPITAL INVESTMENTS ENTERPRISE, LLC

Current Principal Place of Business:

4978 SOUTEL DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

5724 EARL CIRCLE NORTH
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 20-2624237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, CLYDE A
5724 EARL CIRCLE NORTH
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: JACKSON, CLYDE A
Address: 5724 EARL CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGRM () Delete
Name: JACKSON, KIMBERLY N
Address: 4199 HIGHWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Delete
Name: CAPTIAL INVESTING GR, OUP, LLC
Address: 4199 HIGHWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: JACKSON, KIMBERLY N
Address: 3826 HARTWOOD COURT
City-St-Zip: JACKSONVILLE, FL 32216

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: KIMBERLY JACKSON

MGRM

04/02/2007

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