

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040473

FILED
Mar 15, 2007
Secretary of State

Entity Name: CAPITAL PRIVATE VENTURE GROUP, LLC

Current Principal Place of Business:

100 RIALTO PLACE
716
MELBOURNE, FL 32901 US

New Principal Place of Business:

100 RIALTO PLACE
749
MELBOURNE, FL 32901 US

Current Mailing Address:

100 RIALTO PLACE
716
MELBOURNE, FL 32901 US

New Mailing Address:

100 RIALTO PLACE
749
MELBOURNE, FL 32901 US

FEI Number: 11-3746519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, KYLE K
611 OCEAN SIDE BLVD
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

CARR, ROBERT A
1312 HIDEAWAY LANE
ROCKLEDGE, FL 32955 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: ROBERT A. CARR

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, KYLE K
Address: 611 OCEAN SIDE BLVD
City-St-Zip: INDIALANTIC, FL 32903 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, KYLE W
Address: 611 OCEAN SIDE BLVD
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGRM () Change (X) Addition
Name: CARR, ROBERT A
Address: 1312 HIDEAWAY LANE
City-St-Zip: ROCKLEDGE,, FL 32955

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: KYLE W. WILSON

MGRM

03/15/2007

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