

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90112 017 \*\*\*\*50.00

**DOCUMENT # L05000044793**

1. Entity Name  
**CAPITAL 200, LLC**



Principal Place of Business  
**3300 PGA BLVD  
SUITE 330  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**3300 PGA BLVD  
SUITE 330  
PALM BEACH GARDENS, FL 33410 US**

**60049734**



**DO NOT WRITE IN THIS SPACE**

01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2917361**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STANTON, ROGER C  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407**

**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: **DONALD ALLISON**

Signature, typed or printed name of registered agent and title if applicable.

**1515 S. FEDERAL HWY BOCA RATON FL 33432**

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MASTROIANNI, NICHOLAS A II  
3300 PGA BLVD, SUITE 330  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #