

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073488

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** CAPITAL AUTO FINANCE, LLC

**Current Principal Place of Business:**

THE POINT 3713 NE 214TH ST  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE POINT 3713 NE 214TH ST  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 20-3207354      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:**

SHLOMO, AVI  
THE POINT 3713 NE 214TH ST  
AVENTURA, FL 33180 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: MGR ( ) Delete  
Name: SHLOMO, AVI  
Address: THE POINT 3713 NE 214TH ST  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Delete  
Name: HEIFETZ, BELLA  
Address: THE POINT 3713 NE 214TH ST  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

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 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: BELLA HEIFETZ

MGRM

07/02/2007

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