

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03282007 Chg-LLC CR2E083 (12/06)

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| DOCUMENT # L05000079118  |   |  |  |                    |   |
| 1. Entity Name<br>1ST FLORIDA CAPITOL REALTY & MORTGAGE CO.,<br>L.L.C.   |   |  |  |   |   |
| Principal Place of Business<br>706 NE 2ND STREET<br>HAVANA, FL 32322   |   |  | Mailing Address<br>706 NE 2ND STREET<br>HAVANA, FL 32322 |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br><i>7433 Bookout Cove</i>       |  |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                  |  |   |   |
| City & State   |   | City & State<br><i>Tallahassee, FL</i>               |  | 4. FEI Number<br>76-0813090   |   |
| Zip  | Country   | Zip<br><i>32310</i>                                  | Country<br><i>LEON</i>                                   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent  |   |  |  | 7. Name and Address of New Registered Agent   |   |
| ARENCIBIAN, HARRISON<br>706 NE 2ND STREET<br>HAVANA, FL 32322  |   |  |  | Name  |   |
|  |   |  |  | Street Address (P.O. Box Number is Not Acceptable)  |   |
|  |   |  |  | City  |   |
|  |   |  |  | FL Zip Code   |   |
| 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 _____  |   |  |  |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   | Make check payable to<br>Florida Department of State |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |  |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ARENCIBIAN, HARRISON<br>706 NE 2ND STREET<br>HAVANA, FL 32322 | <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 200095243212<br>03/28/07--01050--002 **55.00                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Harrison Arencibian</i>  |   |  |  | 3/28/2007   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |  | Date Daytime Phone #  |   |