

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


05-04-2007 9:30:35 \*\*\*\*\*50.00  
L05000087281

07 DEC -10 PM 12: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000087281**

1. Entity Name  
**CAPITAL 300, LLC**



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


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

*60048Ald*



01052007    Chg-LLC    CR2E083 (12/06)

4. FEI Number **20-4072862**      Applied For  
~~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**

7. Name and Address of New Registered Agent

Name **DONALD ALLISON**  
 Street Address (B.O. Box Number is Not Accepted) **1515 S. FEDERAL HWY**  
**306**  
 City **BOCA RATON**                      FL      Zip Code **33432**

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 the registered agent.

SIGNATURE \_\_\_\_\_  
Sign, write, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 07

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 TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #