


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 27, 2006 8:00 am
Secretary of State

02-03-2006 90084 016 ****50.00

DOCUMENT # L05000095405					
1. Entity Name CAPITAL POST, LLC					
Principal Place of Business 140 N.E. 2ND AVENUE MIAMI, FL 33132			Mailing Address 140 N.E. 2ND AVENUE MIAMI, FL 33132		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3540110	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EINHORN, HAIM 140 N.E. 2ND AVENUE MIAMI, FL 33132				7. Name and Address of New Registered Agent Name _____ Street Address _____ (O. Box Number is Not Acceptable) City _____ State FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPITAL POST MANAGERS, LLC 140 N.E. 2ND AVENUE MIAMI, FL 33132			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/31/06</u> Daytime Phone # <u>305-373-1330</u>	