

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112415

FILED
Jan 16, 2009
Secretary of State

Entity Name: CAPITAL BUSINESS CENTER LLC

Current Principal Place of Business:

1110 BRICKELL AVENUE
430
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1110 BRICKELL AVENUE
400
MIAMI, FL 33131

New Mailing Address:

1110 BRICKELL AVENUE
430
MIAMI, FL 33131

FEI Number: 20-3866602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ RENGIFO, YVAN A
1110 BRICKELL AVENUE
SUITE 400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: MARTINEZ, YVAN A
Address: 739 CRANDON BLVD #402
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: MAROUKI, SAMY A
Address: 1110 BRICKELL AVENUE SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: LORENZI, FLAVIO V
Address: 1110 BRICKELL AVENUE SUITE 400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YVAN MARTINEZ

MGR

01/16/2009

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