

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115317

Entity Name: CAPI, LLC

FILED
May 19, 2008
Secretary of State

Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD.
SUITE 207
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD.
SUITE 207
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-8689377 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:

TORREALBA, AQUILES
1820 NORTH CORPORATE LAKES BLVD.
SUITE 207
WESTON, FL 33326 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: ANZOLA, NELSON
Address: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: FRANCIS GUANIPA DE A, NZOLA
Address: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: TORREALBA, AQUILES R
Address: 1820 NORTH CORPORATE LAKES BLVD. SUITE 207
City-St-Zip: WESTON, FL 33326

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: NELSON ANZOLA

MGRM

05/19/2008

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