

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

9/11/2008-90025-022-\$138.75-\$138.75

**FILED**

2008 OCT -3 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**50010329**



09032008 No Chg-LLC CR2E083 (12/07)

**DOCUMENT # L05000116954**

1. Entity Name  
**CAPITAL APARTMENTS LLC**



Principal Place of Business  
**100-110 NW 7 AVENUE  
POMPANO BEACH, FL 33060**

Mailing Address  
**1509 NE 4 AVENUE  
FT LAUDERDALE, FL 33304**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1697080</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FONTANA, NEI  
1509 NE 4 AVENUE  
FT LAUDERDALE, FL 33304**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*  
Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

**9/24/08**  
DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>
NAME	<b>CRICHTON, DANE</b>
STREET ADDRESS	<b>1509 NE 4TH AVE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33304</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *See above*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #