

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004105

FILED
Apr 26, 2007
Secretary of State

Entity Name: KAPAX INVESTMENT ADVISERS, LLC

Current Principal Place of Business:

2801 PONCE DE LEON BLVD.
SUITE 1280
CORAL GABLES, FL 33134

New Principal Place of Business:

500 S. DIXIE HIGHWAY
SUITE 304
CORAL GABLES, FL 33146

Current Mailing Address:

2801 PONCE DE LEON BLVD.
SUITE 1280
CORAL GABLES, FL 33134

New Mailing Address:

500 S. DIXIE HIGHWAY
SUITE 304
CORAL GABLES, FL 33146

FEI Number: 20-4212905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDRAJO, DARIO
1537 SAN RAFAEL AVE.
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: PEDRAJO, DARIO
Address: 1537 SAN RAFAEL AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: KAPAX CAPITAL, LLC,
Address: 2801 PONCE DE LEON BLVD., SUITE 1280
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KAPAX CAPITAL, LLC,
Address: 500 S. DIXIE HIGHWAY, SUITE 304
City-St-Zip: CORAL GABLES, FL 33146

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: KAPAX CAPITAL, LLC

MGRM

04/26/2007

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