2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1 06000006464



FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90036 035 ****50.00

1. Entity Name MAYAN CAPRON, LLC								04-30-2007	90030 03	55 ****50.	.00
Principal Place 2665 S. BAYS STE. PH 2A COCONUT GRO	Shore Driv	V E	Mailing Address 2665 S. BAYSHORE DRIVE STE. PH 2A COCONUT GROVE, FL 33133								is i si 110)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262007	Chg-LLC	CR2E0	083 (12/06)	
City & State		City & State				4. FEI Numbe	146871		No	plied For t Applicable	
Zíp	Zip Country		Zip	Country				of Status Desired		\$5.00 Add Fee Required	litional d
	6. Name	e and Address of Current F	Registered Agent		Name		7. Name and	Address of New F	legistered	Agent	
KATZ, EZR	RA				Name						
2665 S. BA STE. PH 2/	YSHORE	E DRIVE		Street Address			(P.O. Box Number is Not Acceptable)				
COCONUT	GROVE	E, FL 33133			City					Zip Code	
The above named entity submits this statement for the purpose of ch					City				-	ļ	
		ity submits this statement for stered agent.	the purpose of changing its	register	red office o	r register	ed agent, or bot	th, in the State of Fi	orida. †am	familiar with,	and accept
SIGNATURE .	Complete hans		and this it applies the BIOT	E: Bourtou	ed Agent signal	ture recuired	t when reinstating)		DATE		
	Signistore, typed	d or printed name of registered agent a	(NOT	C. INOUISION	oo Agan agna	aro regance	when tensialing)		UATE		
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11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-938-8627 Daytime Phone #