

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025615

Entity Name: CAPRICORN GROUP INT LLC

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

5620 NW 107 AVE
STE 1509
DORAL, FL 33178

New Principal Place of Business:

2755 S.E. 16TH AVE
SUITE 201
HOMESTEAD, FL 33035

Current Mailing Address:

5620 NW 107 AVE
STE 1509
DORAL, FL 33178

New Mailing Address:

2755 S.E. 16TH AVE
SUITE 201
HOMESTEAD, FL 33035

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOVILLO, ANGEL F
5620 NW 107 AVE
STE 1509
DORAL, FL 33178 US

Name and Address of New Registered Agent:

NOVILLO, ANGEL F
2755 S.E. 16TH AVE
SUITE 201
HOMESTEAD, FL 33035 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:

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOVILLO, ANGEL F
Address: 5620 NW 107 AVE STE 1509
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOVILLO, ANGEL F
Address: 2755 S.E. 16TH AVE
City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGEL F. NOVILLO

MGRM

03/13/2007

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