

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027638

Entity Name: CAPS, LLC

FILED  
Mar 05, 2008  
Secretary of State

**Current Principal Place of Business:**

2241 BAYBERRY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 267873  
WESTON, FL 33326 US

**New Mailing Address:**

FEI Number: 20-4520796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CREATIVE ASSET PROTECTION STRATEGIES, INC.  
16191 NW 57TH AVENUE  
MIAMI, FL 33014 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: ANDERSON, EUGENE  
Address: 2241 BAYBERRY DR  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM (X) Delete  
Name: PATRIZI, JIMMY S  
Address: 3744 SAN SIMEON CIRCLE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

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

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

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: KETMANY PATRIZI

MGRM

03/05/2008

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