



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90180 040 ***138.75

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DOCUMENT # L06000051021						
1. Entity Name CAPITAL O.K., LLC						
Principal Place of Business 52 YACHT CLUB DRIVE #208 NORTH PALM BEACH, FL 33408			Mailing Address 52 YACHT CLUB DRIVE #208 NORTH PALM BEACH FL 33408			
2. Principal Place of Business - No P.O. Box # OLD PORT COVE Suite, Apt. #, etc. 1208 MARINE WAY # A 405 City & State NORTH PALM BEACH FL Zip 33408 Country PALM BEACH			3. Mailing Address OLD PORT COVE Suite, Apt. #, etc. 1208 MARINE WAY # A 405 City & State NORTH PALM BEACH FL Zip 33408 Country PALM BEACH			
4. FEI Number 20-5011846				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent ADAMS, DONNA N 400 VILLAGE SQUARE CROSSING SUITE 2A, PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENNE, PIERRETTE Y 52 YACHT CLUB DRIVE, #208 NORTH PALM BEACH, FL 33408		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENNE, PIERRETTE Y OLD PORT COVE, 1208 MARINE WAY # A 405, NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  PIERRETTE Y VENNE				03/14/08 561-294-2773 or 450-447-2571		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		