
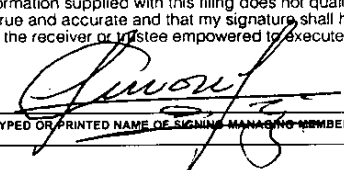


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000051952					
1. Entity Name CAPRICORN INVESTMENTS OF SOUTH FLORIDA, LLC					
Principal Place of Business 5905 WASHINGTON STREET, APT. 244 HOLLYWOOD, FL 33023			Mailing Address 5905 WASHINGTON STREET, APT. 244 HOLLYWOOD, FL 33023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3932668	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State		200108203952 08/17/07--01004--003 **50.00	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOUX, ROSE M 5905 WASHINGTON STREET, APT. 244 HOLLYWOOD, FL 33023			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOUX, SERGE 5905 WASHINGTON STREET, APT. 244 HOLLYWOOD, FL 33023			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOUX, SERGE 5905 WASHINGTON STREET, APT. 244 HOLLYWOOD, FL 33023			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARNOUX, ROSE M 5905 WASHINGTON STREET, APT. 244 HOLLYWOOD, FL 33023			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Serge Arnoux	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 08/07/07 Daytime Phone #: 786-213-1880	

FILED

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BK SECRETARY OF STATE
TALLAHASSEE, FLORIDA

