2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							Ei.		
DOCUMENT # L06000051952						_	LIFE	7	
1. Entity Name CAPRICORN INVESTMENTS OF SOUTH FLORIDA, LLC						07 AL	1612		
					BK	TALLERE	FILE IG 13 PH	1:45	
Principal Plac		Mailing Address				ICCAH,	SSFE OF S	TATE	
5905 WASHINGTON STREET, APT. 244 HOLLYWOOD, FL 33023		5905 WASHINGTON STREET, APT. 244 Hollywood, Fl 33023					IG 13 PM TARY OF S SSEF. FL	PRIDA	
		T							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				16 6 1 88# 88 88		HUSE ULEBI UK H	111
Suite, Apt. #, etc.		Suite, Apt. #, etc			08062007	Chg-LLC	CR2E083 (12	/06)	
City & State		City & State			4. FEI Numbe	22-393266	3	Applied I Not Appl	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$5.00 Fee Re	Additional equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
 SPIEGEL & UTRERA, P.A.				Name					
1840 SW 22ND ST. 4TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33145									
				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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE On the printed printed printed printed agent and title if applicable. (NOTE Registered Agent signature required when reinstating)									
	ling Fee is \$50.00 by September 14, 2007				e check payable Department of				
	by deptember 14, 2007	~	BK						
9.	MANAGING MEMBE		10. IIIu	.		ADDITIONS/	CHANGES Ch	1200e	Addilion
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NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-S)-ZIP					
11 i hereby	certify that the information supplied with	this filing does not qualify for	or the exe	emptions contained	in Chapter 119.	Florida Statutes. I fu	rther certify that th	ne informatio	n nc
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 vistee empowered to execute this report as required by Chapter 608, Florida Statutes.									
(Simont polation notation									
SIGNATURE: Serge Arnoux 08/07/07 786-213-1880									