

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071341

FILED
Jan 24, 2008
Secretary of State

Entity Name: CAPITAL MORTGAGE FINANCIAL SERVICES LLC

Current Principal Place of Business:

444 BRICKELL AVE., SUITE 721
MIAMI, FL 33131

New Principal Place of Business:

12550 BISCAYNE BLVD
704
NORTH MIAMI, FL 33181

Current Mailing Address:

444 BRICKELL AVE., SUITE 721
MIAMI, FL 33131

New Mailing Address:

12550 BISCAYNE BLVD
704
NORTH MIAMI, FL 33181

FEI Number: 20-5224192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE L
2600 DOUGLAS ROAD, SUITE 100
CORAL GABLES, FL 33134 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: GIRALDO, CHRISTIAN S
Address: 444 BRICKELL AVE., SUITE 721
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: DAVID, PAOLA A
Address: 444 BRICKELL AVE., SUITE 721
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIRALDO, CHRISTIAN S
Address: 12550 BISCAYNE BLVD SUITE 704
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM (X) Change () Addition
Name: DAVID, PAOLA A
Address: 12550 BISCAYNE BLVD SUITE 704
City-St-Zip: NORTH MIAMI, FL 33181

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: PAOLA DAVID

MGRM

01/24/2008

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