


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90027 003 ***138.75

DOCUMENT # L06000083006		
1. Entity Name CAPITAL ASSET MANAGEMENT, LLC		

Principal Place of Business 5051 45TH ROAD SOUTH LAKE WORTH, FL 33463 US	Mailing Address P.O. BOX 540991 LAKE WORTH, FL 33454 US
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60037124



2. Principal Place of Business - No P.O. Box # 4400 N. FEDERAL HWY	3. Mailing Address
Suite, Apt. #, etc. 200-A	Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State
Zip 33431	Country USA

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5430268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent POONAI, ANIL 5051 45TH ROAD SOUTH LAKE WORTH, FL 33463	7. Name and Address of New Registered Agent Name ANIL - POONAI Street Address (P.O. Box Number is Not Acceptable) 4400 N. FEDERAL HWY Suite 200-A City BOCA RATON FL Zip Code 33431
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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 ANIL POONAI DATE 4/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POONAI, ANIL 5051 45TH ROAD SOUTH LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANIL POONAI 4400 N. FEDERAL HWY #200-A BOCA RATON FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: ANIL POONAI Date 4/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE