

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90217 019 \*\*\*\*50.00

DOCUMENT # L06000085038

1. Entity Name

CAPITAL Z, LLC



Principal Place of Business

80 WEST RIVO ALTO DRIVE  
MIAMI BEACH FL 33139

Mailing Address

80 WEST RIVO ALTO DRIVE  
MIAMI BEACH FL 33139

2. Principal Place of Business - No P.O. Box #

80 WEST RIVO ALTO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

80 WEST RIVO ALTO DRIVE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)



City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH FL

4. FEI Number

205540214

Applied For

Not Applicable

Zip

33139

Country

MIAMI-DADE

Zip

33139

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DICKSTEIN, ZENA M  
1601 WASHINGTON AVE.  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

ZENA M. DICKSTEIN

Street Address (P.O. Box Number is Not Acceptable)

80 WEST RIVO ALTO DRIVE

City

MIAMI BEACH

FL

Zip Code

33139

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 of registered agent or authorized representative (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT  
NAME: ZENA M. DICKSTEIN  
STREET ADDRESS: 80 WEST RIVO ALTO DRIVE  
CITY- ST- ZIP: MIAMI BEACH, FL 33139 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY- ST- ZIP: ☐ Change ☐ Addition

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CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY- ST- ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

305 695-  
2/26/07 305 798-3380  
DATE DAYTIME PHONE #