

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089951

Entity Name: CAP REALTY LC

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

1132 KANE CONCOURSE
LEVEL TWO
BAY HARBOR ISLAND, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

1132 KANE CONCOURSE
LEVEL TWO
BAY HARBOR ISLAND, FL 33154 US

New Mailing Address:

FEI Number: 20-5550248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPDEVIELLE, XAVIER
9100 WEST BAY HARBOR DRIVE
5 DE
BAY HARBOR ISLAND, FL 33154 US

Name and Address of New Registered Agent:

CAPDEVIELLE, XAVIER
1132 KANE CONCOURSE
BAY HARBOR ISLAND, FL 33154 US

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:

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPDEVIELLE, XAVIER
Address: 9100 W. BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: MGR () Delete
Name: FLORIDA AMSOUTH HOLDINGS CORP.
Address: 306 ALCAZAR AVENUE - SUITE 302
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPDEVIELLE, XAVIER
Address: 1132 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: XAVIER CAPDEVIELLE

MG

04/25/2009

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