

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104913

FILED
Jul 05, 2007
Secretary of State

Entity Name: CAPITAL REALTY CONSULTING LLC

Current Principal Place of Business:

11593 SOUTH BREEZE PLACE
WELLINGTON, FL 33467

New Principal Place of Business:

6801 LAKE WORTH RD
SUITE 337
LAKE WORTH, FL 33467

Current Mailing Address:

11593 SOUTH BREEZE PLACE
WELLINGTON, FL 33467

New Mailing Address:

FEI Number: 56-2618677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOSBERG, HARVEY
11593 S. BREEZE PLACE
WELLINGTON, FL 33467 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOSBERG, HARVEY
Address: 11593 S. BREEZE PLACE
City-St-Zip: WELLINGTON, FL 33467

Title: MGR () Delete
Name: KOSBERG, ROBERT
Address: 11238 MANDERLY LN
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KOSBERG, ROBERT
Address: 9938 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33467

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: HARVEY KOSBERG

MGRM

07/05/2007

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