

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111802

Entity Name: KAPITAL PROPERTIES LLC

FILED  
Apr 01, 2008  
Secretary of State

**Current Principal Place of Business:**

7955 NW 12 ST  
400  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

2600 NW 87 AVE  
11  
MIAMI, FL 33172

**New Mailing Address:**

7955 NW 12 ST  
400  
MIAMI, FL 33126

FEI Number: 20-3276922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ANA  
2600 NW 87 AVE  
11  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

GONZALEZ, ANA  
7955 NW 12TH STREET  
400  
MIAMI, FL 33126 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: ANA GONZALEZ

04/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, ANA  
Address: 2600 NW 87 AVE #11  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: MORENO, CLAUDIA  
Address: 2600 NW 87 AVE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, ANA  
Address: 7925 NW 12TH STREET  
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Change ( ) Addition  
Name: MORENO, CLAUDIA  
Address: 7955 NW 12TH STREET  
City-St-Zip: MIAMI, FL 33126

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: ANA GONZALEZ

MGRM

04/01/2008

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