2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# L07000074473

Entity Name: CAPITAL INVESTMENTS AND ASSOCIATES GROUP, LLC

Current Principal Place of Business:

4635 N.W. 26TH AVE
BOCA RATON, FL 33434

New Principal Place of Business:

701 W. CYPRESS CREEK ROAD
200
FT LAUDERDALE, FL 33304

Current Mailing Address:

4635 N.W. 26TH AVE
BOCA RATON, FL 33434

New Mailing Address:

701 W. CYPRESS CREEK ROAD
200
FT LAUDERDALE, FL 33304

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELA, BROWN
611 HOLLYWOOD FLORIDA
HOLLYWOOD, FL 33025 US

Name and Address of New Registered Agent:

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: PRES ( ) Delete
Name: JOHNSON, CUFFY
Address: 277 VERVAIN AVE
City-St-Zip: DAVENPORT, FL 33837

Title: MGR ( ) Delete
Name: APRIL, CUFFY C
Address: 277 VERVAIN AVE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: JOHNSON, CUFFY
Address: 4635 N.W. 26TH AVE
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM (X) Change ( ) Addition
Name: SUZIE, CADET N
Address: 277 VERVAIN AVE
City-St-Zip: DAVENPORT, FL 33837

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: JOHNSON CUFFY PRES 02/08/2008

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