

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034046

**FILED**  
**Mar 15, 2009**  
**Secretary of State**

**Entity Name:** CAPITAL OIL & GAS VENTURES LLC

**Current Principal Place of Business:**

777 S. FLAGLER DR.  
WEST TOWER STE 800  
WEST PALM BEACH, FL 44301 US

**New Principal Place of Business:**

12973 CALAIS CIRCLE  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

PO BOX 31623  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

PO BOX 31623  
PALM BEACH GARDENS, FL 33420 US

**FEI Number:** 26-2319561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARACCIA, THOMAS  
12973 CALAIS CIRCLE  
PALM BEACH GARDENS, FL 33410 US

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

CARACCIA, THOMAS L MGR  
12973 CALAIS CIRCLE  
PALM BEACH GARDENS, FL 33410 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: TOMMY CARACCIA

03/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARACCIA, THOMAS  
Address: 12973 CALAIS CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARACCIA, THOMAS L MGR  
Address: 12973 CALAIS CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: TOMMY CARACCIA

MGR

03/15/2009

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