

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052055

Entity Name: CAPITAL 638 SW, LLC

FILED  
Jul 17, 2009  
Secretary of State

**Current Principal Place of Business:**

1313 PONCE DE LEON BLVD. #201  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1313 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1313 PONCE DE LEON BLVD. #201  
CORAL GABLES, FL 33134

**New Mailing Address:**

1313 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134

FEI Number: 26-2701475      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:**

HASNER, MARK M ESQ.  
THERREL BAISDEN PA SUNTRUST INTL CENTER  
ONE S.E. 3RD AVENUE, SUITE 2950  
MIAMI, FL 33131 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CAPITAL INVESTMENTS, LTD.  
Address: 1313 PONCE DE LEON BLVD., SUITE 201  
City-St-Zip: CORAL GABLES, FL 33134 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: MARK HASNER

RA

07/17/2009

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