## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103599

Entity Name: COMMERCIAL ASSET RECOVERY ADVISORS, LLC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

121 ALHAMBRA PLAZA 401 CORAL WAY SUITE 1249 SUITE 202

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

121 ALHAMBRA PLAZA 401 CORAL WAY

SUITE 1249 SUITE 202

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

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

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

JONES, PAUL L
121 ALHAMBRA PLAZA
JONES, PAUL L
401 CORAL WAY

SUITE 1249 SUITE 202

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: PAUL L. JNOES 04/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: PYRAMID REALTY CAPITAL CORP. Name: PYRAMID REALTY CAPITAL CORP. Address: 401 CORAL WAY, STE. 202

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GOLD & CO. DUE DILIGENCE SOLUTIONS, LLC
 Name:

 Address:
 7100 S. W. 118 ST
 Address:

 City-St-Zip:
 PINECREST, FL 33156
 City-St-Zip:

BAY HARBOR, FL 33154

City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

Name: RAIM, IANNA Name: Address: 1005 KANE CONCOURSE, SUITE 212 Address:

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.

City-St-Zip:

SIGNATURE: PAUL L. JONES MGR 04/16/2009