

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104283

Entity Name: CAP RATE GROUP, LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8320 W. SUNRISE BOULEVARD  
SUITE 204  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1844 N. NOB HILL ROAD  
#227  
PLANTATION, FL 33322

**New Mailing Address:**

1844 N. NOB HILL ROAD  
PMB 227  
PLANTATION, FL 33322

FEI Number: 27-1216743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, JAMES M  
1844 N. NOB HILL ROAD  
#227  
PLANTATION, FL 33322 US

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

BROWN, JAMES M  
1844 N. NOB HILL ROAD  
PMB 227  
PLANTATION, FL 33322 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: JAMES M. BROWN

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWN, JAMES M  
Address: 1380 NW 105TH AVENUE  
City-St-Zip: PLANTATION, FL 33322

Title: VP  
Name: KARAS, ALEXANDER  
Address: 500 KAY TERRACE  
City-St-Zip: BOCA RATON, FL 33432

I hereby 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: JAMES M. BROWN

MGRM

04/19/2010

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