

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90035 011 \*\*\*\*50.00

**DOCUMENT # L96000000956**

1. Entity Name  
CAPELAND INVESTMENTS, L.C.



Principal Place of Business  
13191 SW 21 ST.  
MIAMI, FL 33175

Mailing Address  
13191 SW 21 ST.  
MIAMI, FL 33175

**24053540**

2. Principal Place of Business  
*13800 SW 8th STREET*  
Suite, Apt. #, etc.  
*STE. 326*  
City & State  
*MIAMI, FL*  
Zip  
*33184* Country  
*USA*

3. Mailing Address  
*13800 SW 8th ST*  
Suite, Apt. #, etc.  
*STE. 326*  
City & State  
*MIAMI, FL*  
Zip  
*33184* Country  
*USA*

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0746166 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SANTACOLOMA, RAMON  
13191 SW 21 ST.  
MIAMI, FL 33175

**7. Name and Address of New Registered Agent**

Name  
*ELISA SANTA COLOMA*  
Street Address (P.O. Box Number is Not Acceptable)  
*13800 SW 8th STREET*  
*STE. # 326*  
City  
*MIAMI* FL Zip Code  
*33184*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SANTACOLOMA, RAMON	
STREET ADDRESS	13191 SW 21 ST.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SANTA COLOMA, ELISA	
STREET ADDRESS	13191 SW 21 STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON SANTA COLOMA	
STREET ADDRESS	14980 SW 15th LANE	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON SANTA COLOMA	
STREET ADDRESS	14980 SW 15th LANE	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/23/04* *305-5521938*