


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 AUG -2 AM 9:55 W 8/4 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company  CAPITAL INVESTMENTS WEST, L.L.C. 8925 N.W. 26TH ST. MIAMI FL 33172				DOCUMENT # L97000000919			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country				2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country			
3. Date Organized or Qualified 08/19/1997				3a. State of Formation FL			
4. FEI Number 65-0792112 APPLIED FOR				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Date of Last Report 07/23/1998				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent  MANUEL DINER, P.A. 141 NE 3RD AVE., STE. 601 MIAMI FL 33132				8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MEM	GROBLER, SERGIO	10825 SW 74TH CT.		MIAMI FL			
MEM	GARFINKEL, SIMON	27 WINDEMERE WAY		WOODBURY NY			
MEM	GARCIA, LOUIS A	17071 SW 84 CT.		MIAMI FL			
				0000002953230--6 -08/06/99--01084--020 ****188.75 ****188.75			

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

CAPITAL INVESTMENTS WEST, L.L.C.  
8925 N.W. 26TH STREET  
MIAMI FLORIDA 33172

7/12/99

TO WHOM IT MAY CONCERN:

WE NEVER RECEIVED THE ORIGINAL NOTICE TO FILE THIS RETURN. WE CALLED YOUR OFFICE AND MADE THEM AWARE THAT THE FORM DID NOT REACH OUR OFFICE. YOU WERE KIND ENOUGH NOW TO SEND US ANOTHER FORM. PLEASE NOTE THAT THE ADDRESS THEY ORIGINALLY SENT THIS TO WAS INCORRECT WHICH SUPPORTS THE REASON WE WERE NOT ABLE TO FILE THIS FORM ON TIME. PLEASE ABATE THE PENALTY AND ACCEPT OUR CHECK FOR \$188.75 TO RESOLVE THIS FILING

THANK YOU

**FILED**  
99 AUG -2 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA