

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000371

FILED
Apr 11, 2007
Secretary of State

Entity Name: CAPITAL PLANNING GROUP LLC

Current Principal Place of Business:

6700 N. ANDREWS AVE., STE 404
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6700 N. ANDREWS AVE., STE 404
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0889014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLAFSKY, NEAL A
6700 N. ANDREWS AVE., STE 404
FORT LAUDERDALE, FL 33309 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: MGRM () Delete
Name: SEITLIN, INC.,
Address: 6700 N. ANDREWS AVE., STE 300
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: MF PLANNING GROUP, L, LC
Address: 10912 S.W. 59TH COURT
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: JACKMAN, M. STEPHEN
Address: 6700 N. ANDREWS AVE., STE 300
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: SLAFSKY, NEAL A
Address: 6700 N. ANDREWS AVE., STE 404
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEAL A. SLAFSKY

MGRM

04/11/2007

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