

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000371

FILED
Apr 16, 2008
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:

6700 N. ANDREWS AVENUE
SUITE 605
FORT LAUDERDALE, FL 33309

Current Mailing Address:

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

New Mailing Address:

6700 N. ANDREWS AVENUE
SUITE 605
FORT LAUDERDALE, FL 33309

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:

SLAFSKY, NEAL A
6700 N. ANDREWS AVENUE
SUITE 605
FORT LAUDERDALE, FL 33309 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:

04/16/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: MGRM (X) Change () Addition
Name: SLAFSKY, NEAL A
Address: 6700 N. ANDREWS AVE., STE 605
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Change (X) Addition
Name: WOLFE, ROBERT B
Address: 9800 NW 41ST STREET, STE. 300
City-St-Zip: MIAMI, FL 33178

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.

SIGNATURE: NEAL A. SLAFSKY

MGRM

04/16/2008

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