## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000005208

Entity Name: EL CAPIRO, L.L.C.

City-St-Zip:

MIAMI BEACH, FL 33140

FILED Jan 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6039 COLLINS AVE #1532 MIAMI BEACH, FL 33140 **Current Mailing Address: New Mailing Address:** 8306 5TH AVE NORTH BERGEN, NJ 07047 FEI Number: 65-0962923 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHECHNER, MARK 2121 PONCE DE LEON BLVD, SUITE 711 CORAL GABLES, FL 33134 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ALAMO, GLORIA Name: Name: Address: 6039 COLLINS AVE. #1532 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: EL CAPIRO, L.L.C., T, RUST A Name: Address: 6039 COLLINS AVE #1532 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition EL CAPIRO, L.L.C., T, RUST B Name: Name: Address: 6039 COLLINS AVE #1532 Address:

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.

City-St-Zip:

SIGNATURE: GLORIA ALAMO MGRM 01/18/2007