

1. Entity Name CAPITAL INVEST LLC

00 MAY -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1500 N. FEDERAL HIGHWAY 1500 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL, 33304 FORT LAUDERDALE, FL, 33304

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0964675 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET # 200
MIAMI BEACH, FL, 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGER MASTRIANA, F. RONALD 1500 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL, 33304
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
200003259972 -05/19/00--01106--014
*****50.00 *****50.00
Delete

CR2E083 (11/99)

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] MASTRIANA, F. RONALD 04-28-00 (954) 566-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE: [Signature] MARK JONES 4/28/00 732-842-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #