

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90236 022 ***138.75

DOCUMENT # M03000000104

1. Entity Name
CAI INSTITUTIONAL SERVICES, LLC



Principal Place of Business
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

Mailing Address
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

60016679



2. Principal Place of Business - No P.O. Box #
201 S BISCAYNE BLVD

3. Mailing Address
201 S BISCAYNE BLVD

Suite, Apt. #, etc.
28TH FLOOR

Suite, Apt. #, etc.
28TH FLOOR

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33131

Country
USA

Zip
33131

Country
USA

03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
36-4125240

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, EDWARD A
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

Name
KELLY, EDWARD A
Street Address (P.O. Box Number is Not Acceptable)
201 S BISCAYNE BLVD
28TH FLOOR
City
MIAMI FL Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
MEYER, JOSEPH K
STREET ADDRESS
1395 BRICKELL AVENUE, SUITE 800
CITY-ST-ZIP
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
MGR
MEYER, JOSEPH K
STREET ADDRESS
201 S BISCAYNE BLVD, 28TH FL
CITY-ST-ZIP
MIAMI FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Edward Kelly

3/19/2008

305-461-1681

Date

Daytime Phone #