


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

LIMITED LIABILITY COMPANY				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2006 Annual Report					
DOCUMENT # M04000003790					
1. Limited Liability Company's Name US CAPITAL / FASHION MALL, LLC					
2. Principal Office Address 321 N. UNIVERSITY DRIVE			3. Mailing Office Address 21200 NE 38 AVENUE		
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 2703		
City & State PLANTATION, FLORIDA			City & State AVENTURA, FLORIDA		
Zip 33324	Country USA	Zip 33180	Country USA		

FILED

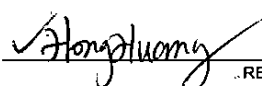
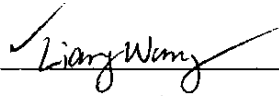
06 JAN 26 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600065197596
02/06/06--01020--003 **50.00
CR2E041 (8/05)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-0734823	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name HUANG, HONG	
Street Address (P.O. Box Number is Not Acceptable) 21200 NE 38 AVENUE	
Suite, Apt. #, Etc. # 2703	
City AVENTURA	State FL
	Zip Code 33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent 		Date 01-25-2006	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	WANG, LIANG	321 N. UNIVERSITY DRIVE	PLANTATION, FL 33324
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager 		Date 01-23-06	Daytime Phone# 954-693-8880
Typed or printed name of signing Managing Member/Manager SP			

2 of 2

January 17, 2006

Division of Corporation
PO Box 6901
Tallahassee, Florida 32314

Attention: Susan Payne

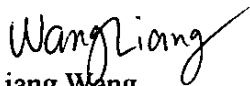
RE : Document Number M04000003790

Dear Examiner:

Enclosed are our 2006 Annual Report and Filing Fee. We did not receive the notice from the State and we did not receive notice from the Registered Agent who resigned. We respectfully request waiver of the reinstatement fee.

Thank you.

Sincerely,



Liang Wang
Managing Member
US Capital/Fashion Mall, LLC
321 N University Drive
Mall Management Office
Plantation, FL 33324