

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90055 020 \*\*\*\*50.00

**20040257**



<b>DOCUMENT # M05000003060</b> 1. Entity Name <b>CAPITAL HOLDINGS 128, LLC</b>					
Principal Place of Business <b>600 BRICKELL AVE., SUITE 400 MIAMI, FL 33131-2540</b>			Mailing Address <b>600 BRICKELL AVE., SUITE 400 MIAMI, FL 33131-2540</b>		
2. Principal Place of Business <b>200 S. BISCAYNE BLVD</b> Suite, Apt. #, etc. <b>SUITE 3800</b> City & State <b>MIAMI, FL</b> Zip <b>33131</b>		3. Mailing Address <b>200 S. BISCAYNE BLVD</b> Suite, Apt. #, etc. <b>SUITE 3800</b> City & State <b>MIAMI, FL</b> Zip <b>33131</b>		01092006 Chg-LLC CR2E083 (11/05)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-2882209</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MEINERS, LOUIS M JR 2640 GOLDEN GATE PKWY., SUITE 205 NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOWARD, HENRY B 600 BRICKELL AVE., SUITE 400 MIAMI, FL 331312540</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200 S. BISCAYNE BLVD, STE 3800 MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>HENRY B. HOWARD</u> 17 APR 06 786 777 0300 x 7103</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					