

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003060

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CAPITAL HOLDINGS 128, LLC

## Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD  
SUITE 3800  
MIAMI, FL 33131

## New Principal Place of Business:

1900 W COMMERCIAL BLVD  
SUITE 180  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

200 SOUTH BISCAYNE BLVD  
SUITE 3800  
MIAMI, FL 33131

## New Mailing Address:

1900 W COMMERCIAL BLVD  
SUITE 180  
FORT LAUDERDALE, FL 33309

FEI Number: 20-2882209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR  
2640 GOLDEN GATE PKWY., SUITE 205  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

LEVY, JONATHAN  
3073 HORSESHOE DRIVE SOUTH  
SUITE 210  
NAPLES, FL 34104 US

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: JONATHAN LEVY

04/08/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HOWARD, HENRY B  
Address: 200 SOUTH BISCAYNE BLVD SUITE 3800  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KEISER, ARTHUR  
Address: 1900 W COMMERCIAL BLVD, SUITE 180  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ARTHUR KEISER

MGRM

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date