

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006468

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CAPTIVE ALTERNATIVES, LLC

**Current Principal Place of Business:**

1111 BISCAYNE BLVD.  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1111 BISCAYNE BLVD.  
MIAMI, FL 33181

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAW OFFICE OF ROBERT A ZACK, PA  
3958 DEFOE SQ  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DEARIE-JACOBS, ANNE E  
Address: 360 COLERAINE PL  
City-St-Zip: ROSWELL, GA 30075

Title: MGR ( ) Delete  
Name: JACOBS, MARK  
Address: 1111 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK JACOBS

MGR

04/15/2009

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