
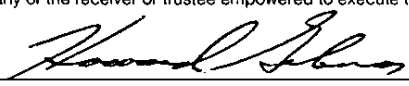


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90148 020 \*\*\*\*50.00

<b>DOCUMENT # M94000000116</b>					
<b>1. Entity Name</b> CAPITAL TRANSPORT L.L.C. (L.C.)					
<b>Principal Place of Business</b> 1500 PERIHETER ROAD WEST PALM BEACH, FL 33406			<b>Mailing Address</b> C/O GRUSS & CO., INC. 667 MADISON AVENUE NEW YORK, NY 10021		
<b>2. Principal Place of Business - No P.O. Box #</b> 1500 Perimeter Road		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> West Palm Beach FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0521380	
<b>Zip</b> 33406		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUSS, MARTIN 667 MADISON AVENUE NEW YORK, NY 10021	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR GUBERMAN, HOWARD 667 MADISON AVE. NEW YORK, NY 10021	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 1/29/07 Daytime Phone #: (215) 688-1521					