


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90029 012 ****50.00

20042310

DOCUMENT # L00000006347 1. Entity Name EXCEL.COM, LLC					
Principal Place of Business 100 S. BISCAYNE BLVD, SUITE 1100 MIAMI, FL 33131			Mailing Address PO BOX 012949 MIAMI, FL 33101		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1039098	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JEROME HULLO 100 S. BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLO, TIBOR		NAME	VILLA MAGNA HOLDING, LTD	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100		STREET ADDRESS	100 S. BISCAYNE BLVD, MIAMI 33131	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	100 S. BISCAYNE BLVD, MIAMI 33131	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLO, WAYNE		NAME	JEROME HULLO	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1100		STREET ADDRESS	100 S. BISCAYNE BLVD, MIAMI 33131	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	100 S. BISCAYNE BLVD, MIAMI 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PHILIP DATTAN	
STREET ADDRESS			STREET ADDRESS	100 S. BISCAYNE BLVD MIAMI 33131	
CITY-ST-ZIP			CITY-ST-ZIP	100 S. BISCAYNE BLVD, MIAMI 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BRUCE KASSMAN	
STREET ADDRESS			STREET ADDRESS	100 S. BISCAYNE BLVD, MIAMI 33131	
CITY-ST-ZIP			CITY-ST-ZIP	100 S. BISCAYNE BLVD, MIAMI 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LEONARD KATZ	
STREET ADDRESS			STREET ADDRESS	100 S. BISCAYNE BLVD, MIAMI 33131	
CITY-ST-ZIP			CITY-ST-ZIP	100 S. BISCAYNE BLVD, MIAMI 33131	
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.					
SIGNATURE: _____			Date 4/13/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					