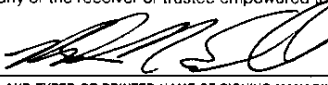


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90300 011 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M01000001335</b><br>1. Entity Name<br><b>GIULIANI CAPITAL ADVISORS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                |                                                                                                                                                                                                                                       |                                           |  |
| Principal Place of Business<br><b>233 SOUTH WACKER DRIVE<br/>CHICAGO, IL 60606</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                | Mailing Address<br><b>233 SOUTH WACKER DRIVE<br/>CHICAGO, IL 60606</b>                                                                                                                                                                |                                                                                                                            |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>233 SOUTH WACKER DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | 3. Mailing Address<br><b>233 SOUTH WACKER DRIVE</b>            |                                                                                                                                                                                                                                       | <br><br>01182007 Chg-LLC CR2E083 (12/06) |  |
| Suite, Apt. #, etc.<br><b>Suite 5300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | Suite, Apt. #, etc.<br><b>Suite 5300</b>                       |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| City & State<br><b>CHICAGO, IL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | City & State<br><b>CHICAGO, IL</b>                             |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| Zip<br><b>60606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br>                                                                       | Zip<br><b>60606</b>                                            | Country<br>                                                                                                                                                                                                                           |                                                                                                                            |  |
| 4. FEI Number<br><b>74-2977627</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                |                                                                                                                                                                                                                                       | <b>\$5.00</b> Additional Fee Required                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                            |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | <b>Make check payable to<br/>Florida Department of State</b>   |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                | 10. ADDITIONS/CHANGES                                                                                                                                                                                                                 |                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SCHWAB, PETER W<br>233 S WACKER DR (SEARS TOWER)<br>CHICAGO, IL 606066301 | <input type="checkbox"/> Delete                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SOLIMENE, LEWIS W<br>233 SOUTH WACKER DRIVE<br>CHICAGO, IL 60606          | <input type="checkbox"/> Delete                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>CARTER, JAMES<br>101 WEST BIG BEAVER ROAD, SUITE 1200<br>TROY, MI 48084   | <input type="checkbox"/> Delete                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>BAILEY, WALTER<br>5 TIMES SQ 21ST FLOOR<br>NEW YORK, NY 10036             | <input type="checkbox"/> Delete                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>BOROW, ELIZABETH R<br>5 TIMES SQ 21ST FLOOR<br>NEW YORK, NY 10036         | <input type="checkbox"/> Delete                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>CARTER, JAMES W<br>101 WEST BIG BEAVER RD SUITE 1200<br>TROY, MI 48084    | <input checked="" type="checkbox"/> Delete<br><i>duplicate</i> |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| <div style="text-align: center;"> <i>See attached for complete list of members and managers</i> </div>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| 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:</b>  <b>Lewis Solimene</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                |                                                                                                                                                                                                                                       |                                                                                                                            |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                |                                                                                                                                                                                                                                       | Date <b>11/9/07</b> (312) 756-3800                                                                                         |  |

ATTACHMENT

6004490

# M01000001335

Giuliani Capital Advisors LLC

- UPDATED as of January 2007 -  
Managing Directors / Members

| Name                                              | Address                                 | City        | State | Zip   |
|---------------------------------------------------|-----------------------------------------|-------------|-------|-------|
| Bailey, Walter                                    | 5 Times Square – 21 <sup>st</sup> Floor | New York    | NY    | 10036 |
| Borow, Elizabeth R                                | 5 Times Square – 21 <sup>st</sup> Floor | New York    | NY    | 10036 |
| Carter, James W                                   | 101 West Big Beaver Road – Ste. 1200    | Troy        | MI    | 48084 |
| Granow, Leslie S                                  | 725 South Figueroa Street               | Los Angeles | CA    | 90017 |
| Luciani, Donald R                                 | 101 West Big Beaver Road – Ste. 1200    | Troy        | MI    | 48084 |
| McArthur, Michael                                 | 725 South Figueroa Street               | Los Angeles | CA    | 90017 |
| McDonald, Thomas P                                | 233 South Wacker Drive – Suite 5300     | Chicago     | IL    | 60606 |
| McGowan, Matthew S                                | 5 Times Square – 21 <sup>st</sup> Floor | New York    | NY    | 10036 |
| Miller, David S                                   | Five Concourse Parkway – Suite 2750     | Atlanta     | GA    | 30328 |
| Mills, Charles W                                  | Five Concourse Parkway – Suite 2750     | Atlanta     | GA    | 30328 |
| Neimark-Heyman, Lisa B                            | 233 South Wacker Drive – Suite 5300     | Chicago     | IL    | 60606 |
| Oesterle, Steve<br><i>Chief Executive Officer</i> | 5 Times Square – 21 <sup>st</sup> Floor | New York    | NY    | 10036 |
| Phillips, Anna M                                  | Five Concourse Parkway – Suite 2750     | Atlanta     | GA    | 30328 |
| Phillips, Ford R                                  | 233 South Wacker Drive – Suite 5300     | Chicago     | IL    | 60606 |
| Richards, Geoff                                   | 5 Times Square – 21 <sup>st</sup> Floor | New York    | NY    | 10036 |
| Rose, Jorian<br><i>General Counsel</i>            | 5 Times Square – 21 <sup>st</sup> Floor | New York    | NY    | 10036 |
| Schwab, Peter M<br><i>Chief Operating Officer</i> | 233 South Wacker Drive – Suite 5300     | Chicago     | IL    | 60606 |
| Solimene, Lewis W                                 | 233 South Wacker Drive – Suite 5300     | Chicago     | IL    | 60606 |
| Talley, Paul                                      | 5 Times Square – 21 <sup>st</sup> Floor | New York    | NY    | 10036 |
| Van Winkle, Phillip F                             | 233 South Wacker Drive – Suite 5300     | Chicago     | IL    | 60606 |
| Woodward, David                                   | 101 West Big Beaver Road – Ste. 1200    | Troy        | MI    | 48084 |