

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007107

FILED
Apr 02, 2007
Secretary of State

Entity Name: SUNBELT CAPITAL PARTNERS, LLC

Current Principal Place of Business:

1221 BRICKELL AVE. SUITE 2660
MIAMI, FL 33131

New Principal Place of Business:

2525 PONCE DE LEON BLVD
1080
CORAL GABLES, FL 33134

Current Mailing Address:

1221 BRICKELL AVE. SUITE 2660
MIAMI, FL 33131

New Mailing Address:

2525 PONCE DE LEON BLVD
1080
CORLA GABLES, FL 33134

FEI Number: 20-4535713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEEHAN, YANA G
1221 BRICKELL AVE. SUITE 2660
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHEEHAN, YANA G
2525 PONCE DE LEON BLVD
1080
CORAL GABLES, FL 33134 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:

04/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAGROSA, JOSEPH JR.
Address: 1221 BRICKELL AVE. SUITE 2660
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: NEITHARDT, DAVID
Address: 1221 BRICKELL AVE. SUITE 2660
City-St-Zip: MIAMI, FL 33131

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 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: JOSEPH DAGROSA JR.

MGRM

04/02/2007

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