

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000083007

Entity Name: N3 CAPITAL PARTNERS LLC**Current Principal Place of Business:**115 OFFICE PLAZA DRIVE, 1ST FL.
TALLAHASSEE, FL 32301**Current Mailing Address:**115 OFFICE PLAZA DRIVE, 1ST FL.
TALLAHASSEE, FL 32301**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC
155 OFFICE PLAZA DRIVE, 1ST FL.
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---|
| Title | MGRM |
| Name | MARCIO VALERIO SANT'ANNE |
| Address | RUA FUNCHAL 418, 25 ANDAR, VILA OLIMPIA |
| City-State-Zip: | SAO PAULO, SP BRAZIL 04551-060 |

| | |
|-----------------|---|
| Title | MGRM |
| Name | PAULO ROBERTO DUARTE DE TOLEDO |
| Address | RUA FUNCHAL 418, 25 ANDAR, VILA OLIMPIA |
| City-State-Zip: | SAO PAULO, SP BRAZIL 04551-060 |

| | |
|-----------------|---|
| Title | MGRM |
| Name | JOSE MAURICIO EUGENIO DELFINO DE CARVALHO |
| Address | RUA FUNCHAL 418, 25 ANDAR, VILA OLIMPIA |
| City-State-Zip: | SAO PAULO, SP BRAZIL 04551-060 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCIO VALERIO SANT'ANNE

05/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date