

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400003284

Entity Name: ECLIPSE ADVANTAGE, LLC

Current Principal Place of Business:

7370 CABOT COURT, SUITE 101
VIERA, FL 32940

Current Mailing Address:

7370 CABOT COURT, SUITE 101
VIERA, FL 32940 US

FEI Number: 90-0855928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MEMBER
Name LASALLE CAPITAL GROUP II-A, L.P.
Address 7370 CABOT COURT, SUITE 101
City-State-Zip: VIERA FL 32940

Title MEMBER
Name MARQUETTE CAPITAL FUND II, LP
Address 7370 CABOT COURT, SUITE 101
City-State-Zip: VIERA FL 32940

Title MEMBER
Name SIMONO, DAVID
Address 13108 TRAVIS VIEW LOOP
City-State-Zip: AUSTIN TX 78732

Title MEMBER
Name STEVEN W. PARKS REVOCABLE TRUST
Address 7370 CABOT COURT, SUITE 101
City-State-Zip: VIERA FL 32940

Title MEMBER
Name WICKEY, EDWARD
Address 140 LANSING ISLAND DR
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

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: LASALLE CAPITAL GROUP II-A, L.P.

MEMBER

04/12/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date