


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

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|  |                                   |                                 |   |  |  |
|--|-----------------------------------|---------------------------------|---|--|--|
| DOCUMENT # L0000006347   |                                   |                                 |   |         |  |
| 1. Entity Name<br>EXCEL.COM, LLC   |                                   |                                 |   |  |  |
| Principal Place of Business<br>100 S. BISCAYNE BLVD, SUITE 1100<br>MIAMI, FL 33131   |                                   |                                 | Mailing Address<br>PO BOX 012949<br>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<br>65-1039098  |  |
|  |                                   |                                 |   | Applied For<br>Not Applicable  |  |
|  |                                   |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                   |                                 | 7. Name and Address of New Registered Agent         |  |  |
| JEROME HULLO<br>100 S. BISCAYNE BLVD.<br>SUITE 1100<br>MIAMI, FL 33131   |                                   |                                 | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                   |                                 |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                                   |                                 |   | Make check payable to<br>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 HOLLO   |  |
| 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  |  |
| TITLE  |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                   |                                 | NAME  |  |  |
| STREET ADDRESS   |                                   |                                 | STREET ADDRESS                                      |  |  |
| CITY-ST-ZIP  |                                   |                                 | CITY-ST-ZIP   |  |  |
| 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  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                   |                                 |   | <small>Date Daytime Phone #</small>  |  |