


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90126 004 ***138.75

DOCUMENT # L00000006347

1. Entity Name
EXCEL.COM, LLC



Principal Place of Business Mailing Address

100 S. BISCAYNE BLVD, SUITE 900 PO BOX 012949
 MIAMI, FL 33131 MIAMI, FL 33101

60027347



02192008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1039098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEROME HULLO
 100 S. BISCAYNE BLVD.
 SUITE 900
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

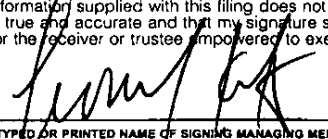
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLO, TIBOR 100 S. BISCAYNE BLVD., SUITE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLO, WAYNE 100 S. BISCAYNE BLVD., SUITE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLA MAGNA HOLDING LLC 100 S BISCAYNE BLVD STE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLO, JEROME 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHAN, PHILLIP 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSMAN, BRUCE 100 S BISCAYNE BLVD MIAMI, FL 33131

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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: 4.1.08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #