## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L02000004615

1. Entity Name
UNICORN ADVISORS LLC



Principal Place of Business

6511 NOVA DRIVE, #313 FT. LAUDERDALE, FL 33317 Mailing Address

6511 NOVA DRIVE, #313 FT. LAUDREDALE, FL 33317

### FILED Feb 01, 2008 08:00 Al Secretary of State



01262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
04-3624451		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

## 6. Name and Address of Current Registered Agent

FIERO, ALFONSO 6511 NOVA DRIVE, #313 FT. LAUDERDALE, FL 33317

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

# DO NOT WRITE IN THIS SPACE

1/28/08

Daytime Phone #

the obligat	ions of registered agent.	• • • • • • • • • • • • • • • • • • • •	,
SIGNATURE.	44		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	: NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	FIERO, ALFONSO		ሀርስስስስስስ የ ሰማድ 4
STREET ADDRESS	6511 NOVA DRIVE, #313		U00000810764 02/08/08-80078-009 138.75
CITY-ST-ZIP	FT. LAUDERDALE, FL 33317		02/06/06~6UU10~UU3 130.13
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st bility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 1 hall have the same legal effect as if made under of cute this report as required by Chapter 608, Floric	19, Florida Statutes. I further certify that the information path; that I am a managing member or manager of the database.

AGING MEMBER. OR AUTHORIZED REPRESENTATIVE

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