# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 23, 2007**
**Secretary of State**

DOCUMENT# L03000016698

**Entity Name:** BLACK WING CAPITAL, LLC

**Current Principal Place of Business:**

16585 N.W. 2ND AVE., SUITE 400
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16585 N.W. 2ND AVE., SUITE 400
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

**FEI Number: 87-0695773** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

RICHMAN, HARVEY
16585 N.W. 2ND AVE., SUITE 400
NORTH MIAMI BEACH, FL 33169 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: FRIED, MICHAEL
Address: 16585 N.W. 2ND AVE., SUITE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33169

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: FRIED, MICHAEL
Address: 16585 N.W. 2ND AVE., SUITE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL FRIED MGR 08/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date