2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000040025

1. Entity Name
ALBERTO SPINELLI CAPITAL LLC

Principal Place of Business	Mailing Address
1200 WEST AVENUE SUITE 1629 MIAMI BEACH, FL 33139	1200 WEST AVENUE SUITE 1629 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

03012007   Chg-LLC   CR2E083 (12/06)

Zip	Country	Zip	Country	**4.** FEI Number 75-3134359	Applied For / Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SPINELLI, ALBERTO 1200 WEST AVENUE SUITE 1629 MIAMI BEACH, FL 33139	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 Due by May 1, 2007		**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE MGR NAME SPINELLI, ALBERTO STREET ADDRESS 1200 WEST AVENUE SUITE 1629 CITY-ST-ZIP MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Alberto Splli_   3/1/2007

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