


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000005529

1. Entity Name
SAFIRA CAPITAL ADVISORS LLC



Principal Place of Business
**3211 PONCE DE LEON BLVD., SUITE 207
 CORAL GABLES, FL 33134**

Mailing Address
**3211 PONCE DE LEON BLVD., SUITE 207
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2190238	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARMONA, MIGUEL A
 3211 PONCE DE LEON BLVD., SUITE 207
 CORAL GABLES, FL 33134**

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

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

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 02/05/08-80093-013 143 75

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMONA, MIGUEL A 3211 PONCE DE LEON BLVD., SUITE 207 CORAL GABLES, FL 33134
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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:  **1/25/08** **305-443-0953**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #