2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000067003

Entity Name: EXCAL HOLDINGS, LLC

Current Principal Place of Business:

4302 HENDERSON BLVD., STE. 113
TAMPA, FL 33629

New Principal Place of Business:

301 WEST PLATT STREET
SUITE 321
TAMPA, FL 33606

Current Mailing Address:

4302 HENDERSON BLVD., STE. 113
TAMPA, FL 33629

New Mailing Address:

301 WEST PLATT STREET
SUITE 321
TAMPA, FL 33606

FEI Number: 20-3498822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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: MGR ( ) Delete
Name: NEWTON, R. PARK
Address: 4302 HENDERSON BLVD., SUITE 113
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete
Name: NEWTON, FRANCINE H
Address: 4302 HENDERSON BLVD., SUITE 113
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NEWTON, R. PARK
Address: 301 WEST PLATT STREET, SUITE 321
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM (X) Change ( ) Addition
Name: NEWTON, FRANCINE H
Address: 301 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606 US

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: R. PARK NEWTON MGR 04/30/2008

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