2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 03, 2006 8:00 am Secretary of State DOCUMENT #L05000090928 05-03-2006 90032 033 ****50.00 MICÉLLI CAPITAL ADVISORS, LLC Mailing Address Principal Place of Business ~~~~~<u>~~~</u>00 7995 SW 86TH STREET, #308 7995 SW 86TH STREET, #308 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E083 (11/05) Chg-LLC City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALCEDO, DANIEL Street Address (P.O. Box Number is Not Acceptable) 7995 SW 86TH ST., #308 MIAMI, FL 33143 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9 ☐ Change ☐ Addition MGR TITLE TITL F ☐ Delete NAME SALCEDO, DANIEL NAME STREET ADDRESS 7995 SW 86TH ST., #308 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 by 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 embodied to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED

pai 30, 2006 305.301.0283