2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# L05000107876

Entity Name: ACP CAPITAL HOLDINGS, LLC

Current Principal Place of Business:

444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 03-0573797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MENOCAL, LUIS F MGRM
444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

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: LUIS F. MENOCAL 05/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DE OLAZARRA, ALLEN C
Address: 444 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MENOCAL, LUIS F
Address: 444 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Change (X) Addition
Name: ENDERE, ESTEBAN
Address: 444 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 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: LUIS F. MENOCAL MGRM 05/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date