

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055655

Entity Name: SOCORRO CAPITAL, LLC

FILED  
Mar 18, 2009  
Secretary of State

**Current Principal Place of Business:**

5527 EMERSON POINTE WAY  
ORLANDO, FL 32819

**New Principal Place of Business:**

7512 DR. PHILLIPS BOULEVARD  
SUITE #50-919  
ORLANDO, FL 32819

**Current Mailing Address:**

1500 SAN RENO AVE  
125  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-5047966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146      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: BARTOLOMEI, ALBERTO J  
Address: 5527 EMERSON POINTE WAY  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: BARTOLOMEI, ALBERTO J  
Address: 7512 DR. PHILLIPS BLVD. #50-919  
City-St-Zip: ORLANDO, FL 32819

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: ALBERTO J. BARTOLOMEI

MGR

03/18/2009

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