2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90062 001 ***138.75

DOCUMENT # L06000067735

1. Entity Name
STATE CAPITAL LLC

Principal Place of Business	Mailing Address
1101 BRICKELL AVE NORTH TOWER 702 MIAMI FL 33131	1101 BRICKELL AVE NORTH TOWER 702 MIAMI FL 33131 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
444 BRICKELL AVENUE		444 BRICKELL AVENUE	
Suite, Apt. #, etc. 1150		Suite, Apt. #, etc. 1150	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131	Country US	Zip 33131	Country US

1st MOORE CR2E083 (10/07)

4. FEI Number 20-2447353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LONGOBARDI, LUCA A 1101 BRICKELL AVE NORTH TOWER 702 MIAMI FL 33131	Name FLORIDA CORPORATE REGISTERED AGENTS, LLC. Street Address (P.O. Box Number is Not Acceptable) 7200 NW 19 ST. SUITE 301 City MIAMI FL Zip Code 33126

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] EDUARDO GONZALEZ MEMBER-MANAGER 4-22-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	LONGOBARDI, LUCA A		NAME	LONGOBARDI LUCA A	
STREET ADDRESS	1101 BRICKELL AVE NORTH TOWER		STREET ADDRESS	444 BRICKELL AVENUE SUITE 1150	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	SARAIVA, PAULO R		NAME	SARAIVA, PAULO R	
STREET ADDRESS	1101 BRICKELL AVE NORTH TOWER		STREET ADDRESS	444 BRICKELL AVENUE SUITE 1150	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] (LUCA LONGOBARDI) 04-22-2008 305-329-2539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #