

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099229

FILED
Jan 23, 2009
Secretary of State

Entity Name: TRAFALGAR CAPITAL ADVISORS, LLC

Current Principal Place of Business:

18851 N.E. 29TH AVENUE, SUITE 306
AVENTURA, FL 33180

New Principal Place of Business:

18851 N.E. 29TH AVENUE
SUITE 306
AVENTURA, FL 33180

Current Mailing Address:

18851 N.E. 29TH AVENUE, SUITE 306
AVENTURA, FL 33180

New Mailing Address:

18851 N.E. 29TH AVENUE
SUITE 306
AVENTURA, FL 33180

FEI Number: 32-0183712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT, PRESS
18851 N.E. 29TH AVENUE
SUITE 306
AVENTURA, FL 33180 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: MGRM () Delete
Name: TRAFALGAR ADVISORS., INC.
Address: 18851 N.E. 29TH AVENUE, SUITE 306
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: PRESS, IVY
Address: 18851 N.E. 29TH AVENUE, SUITE 306
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PRESS, IVY L
Address: 18851 N.E. 29TH AVENUE, SUITE 306
City-St-Zip: AVENTURA, FL 33180

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: IVY L. PRESS

MGR.

01/23/2009

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