

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103836

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** POSEIDON CAPITAL MANAGEMENT LLC

**Current Principal Place of Business:**

2601 S. BAYSHORE DRIVE, STE. 1200  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 S. BAYSHORE DRIVE, STE. 1200  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 45-0950562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVENUE, STE. 310  
MIAMI, FL 33131 US

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

BRAGHIN, FERNANDO  
2601 SOUTH BAYSHORE DRIVE  
SUITE 1200  
MIAMI, FL 33133 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: FERNANDO BRAGHIN

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HORN, JOSEPH  
Address: 2601 S. BAYSHORE DRIVE, STE. 1200  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR  
Name: EICHENWALD, RICARDO  
Address: 2601 S. BAYSHORE DRIVE, STE. 1200  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR  
Name: HORN, RALPH  
Address: 2601 S. BAYSHORE DRIVE, STE. 1200  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR  
Name: BRAGHIN, FERNANDO  
Address: 2601 S. BAYSHORE DRIVE, STE. 1200  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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: FERNANDO BRAGHIN

RA

04/06/2011

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