2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L96000000399

1. Entity Name

ARBÓR CAPITAL MANAGEMENT, L.C.



Apr 19, 2007 08:00 AM Secretary of State

Principal Place of Business

1061 EAST INDIANTOWN RD

SUITE 400 JUPITER, FL 33477 Mailing Address

1061 EAST INDIANTOWN RD SUITE 400

JUPITER, FL 33477



DO NOT WRITE IN THIS SPACE

04052007 No Chg-LLC

CR2E083 (11/05)

FILED

4. FEI Number 65-0669648

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRATZ, D. BRUCE 1061 EAST INDIANTOWN RD., SUITE 400 JUPITER, FL 33477

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGOWAN, ŁAWRENCE T 1061 EAST INDIANTOWN ROAD, SUITE 400 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, GERALD T 1061 EAST INDIANTOWN ROAD, SUITE 400 JUPITER, FL 33477
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Lawrence T. McGowan

57 Daytime Phone # 561-748

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