2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

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Entity Name: ADVANTAGE CAPITAL FL GP I, L.L.C.

Current Principal Place of Business:

16750 GULF BOULEVARD
NO. 416
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

909 POYDRAS STREET
SUITE 2230
NEW ORLEANS, LA 70112

New Mailing Address:

FEI Number: 65-0876503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STULL, STEVEN T
16750 GULF BOULEVARD
NO. 416
ST. PETERSBURG, FL 33708 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:	BROWN, CRICHTON W	
Address:	16750 GULF BOULEVARD, NO. 416	
City-St-Zip:	ST. PETERSBURG, FL 33708	
Title:	MGRM	( ) Delete
Name:	STULL, STEVEN T	
Address:	909 POYDRAS STREET, SUITE 2230	
City-St-Zip:	NEW ORLEANS, LA 70112	
Title:	MGRM	( ) Delete
Name:	GARRETT, TATE A	
Address:	16750 GULF BOULEVARD, NO. 416	
City-St-Zip:	ST. PETERSBURG, FL 33708	
Title:	MGRM	( ) Delete
Name:	COCKSHUTT, TIMOTHY G	
Address:	16750 GULF BOULEVARD, NO. 416	
City-St-Zip:	ST. PETERSBURG, FL 33708	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CRICHTON W. BROWN MGRM 04/26/2006

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