

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90026 036 ***138.75

DOCUMENT # L98000002805 1. Entity Name ADVANTAGE CAPITAL FL GP I, L.L.C.					
Principal Place of Business 16750 GULF BOULEVARD NO. 416 ST. PETERSBURG, FL 33708			Mailing Address 909 POYDRAS STREET SUITE 2230 NEW ORLEANS, LA 70112		
2. Principal Place of Business - No P.O. Box # 201 East Kennedy Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 950			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 65-0876503	
Zip 33602		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STULL, STEVEN T 16750 GULF BOULEVARD NO. 416 ST. PETERSBURG, FL 33708				7. Name and Address of New Registered Agent Name Stull, Steven T. Street Address (P.O. Box Number is Not Acceptable) 201 East Kennedy Blvd., Suite 950 City Tampa FL Zip Code 33602	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/17/08	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, CRICHTON W 909 POYDRAS STREET, SUITE 2230 NEW ORLEANS, LA 70112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Stull, Steven T 201 East Kennedy Blvd., Suite 950 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM STULL, STEVEN T 16750 GULF BOULEVARD, NO. 416 ST. PETERSBURG, FL 33708		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM COCKSHUTT, TIMOTHY G ONE BRIDGEPOINT, SUITE 220 AUSTIN, TX 78730		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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:				DATE 4/17/08 (314)725-0800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	