2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L98000002805

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

Current Principal Place of Business:

201 EAST KENNEDY BOULEVARD SUITE 950
TAMPA, FL 33602

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
201 EAST KENNEDY BOULEVARD SUITE 950
TAMPA, FL 33602 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:	201 EAST KENNEDY BOULEVARD SUITE 950	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGRM	( ) Delete
Name:	STULL, STEVEN T	
Address:	16750 GULF BOULEVARD, NO. 416	
City-St-Zip:	ST. PETERSBURG, FL 33708	
Title:	MGRM	( ) Delete
Name:	COCKSHUTT, TIMOTHY G	
Address:	ONE BRIDGEPOINT, SUITE 220	
City-St-Zip:	AUSTIN, TX 78730	

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:	

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: STEVEN T. STULL MGRM 03/20/2009

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