

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006407

Entity Name: ALUMNI CAPITAL, LLC

**FILED**  
**May 04, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

595 BAY ISLES ROAD, SUITE 120-G  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

595 BAY ISLES ROAD, SUITE 120-G  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 04-3575153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KOBREN, ERIC M  
595 BAY ISLES ROAD, SUITE 120-G  
LONGBOAT KEY, FL 34228      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KOBREN, ERIC M  
Address: 595 BAY ISLES ROAD, SUITE 120-G  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES:**

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: ERIC M. KOBREN

MGR

05/04/2006

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