

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000874

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: STILETTO CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

LAKEWAY ONE, 3900 N. CAUSEWAY BLVD.  
SUITE 860  
METAIRIE, LA 70002

**New Principal Place of Business:**

**Current Mailing Address:**

LAKEWAY ONE, 3900 N. CAUSEWAY BLVD.  
SUITE 860  
METAIRIE, LA 70002

**New Mailing Address:**

909 VERSAILLES CIRCLE  
MAITLAND, FL 32751

FEI Number: 20-3513854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SORENSEN, JONATHAN G  
909 VERSAILLES CIRCLE  
MAITLAND, FL 32751 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: MGR ( ) Delete  
Name: SORENSEN, JONATHAN G  
Address: 909 VERSAILLES CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: MGR (X) Delete  
Name: WESTERVELT, PAUL T JR.  
Address: LAKEWAY ONE, 3900 N. CAUSEWAY BLVD. STE 860  
City-St-Zip: METAIRIE, LA 70002

Title: MGR (X) Delete  
Name: BODINO, MICHAEL D  
Address: LAKEWAY ONE, 3900 N. CAUSEWAY BLVD. STE 860  
City-St-Zip: METAIRIE, LA 70002

**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 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: JONATHAN G. SORENSEN

MM

02/06/2007

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