

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004340

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** BLACK FALCON CAPITAL MANAGEMENT LLC

**Current Principal Place of Business:**

801 INTERNATIONAL PARKWAY, 5TH FL  
LAKE MARY, FL 32746

**New Principal Place of Business:**

3443 FERNLAKE PL  
LONGWOOD, FL 32779

**Current Mailing Address:**

801 INTERNATIONAL PARKWAY, 5TH FL  
LAKE MARY, FL 32746

**New Mailing Address:**

3443 FERNLAKE PL  
LONGWOOD, FL 32779

FEI Number: 90-0520236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GILE, CRAIG  
801 INTERNATIONAL PARKWAY, 5TH FL  
LAKE MARY, FL 32746 US

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

GILE, CRAIG  
3443 FERNLAKE PL  
LONGWOOD, FL 32779 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: C. CRAIG GILE

02/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GILE, CRAIG  
Address: 3443 FERNLAKE PL  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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: C. CRAIG GILE

MMBR

02/01/2012

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