

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000563

FILED
Apr 11, 2006
Secretary of State

Entity Name: TRANSITION MANAGEMENT CONSULTANTS INTERNATIONAL, LLC

Current Principal Place of Business:

8405 N.W. 53RD STREET
SUITE C-102
MIAMI, FL 33166

New Principal Place of Business:

8405 N.W. 53RD STREET
SUITE B-220
MIAMI, FL 33166

Current Mailing Address:

8405 N.W. 53RD STREET
SUITE C-102
MIAMI, FL 33166

New Mailing Address:

8405 N.W. 53RD STREET
SUITE B-220
MIAMI, FL 33166

FEI Number: 55-0822959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BLVD. SUITE 301
CORAL GABLES, FL 33134 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: STINSON, LOUIS JR
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: NINO, LUIS E
Address: 8405 N. W. 53RD STREET, SUITE C-102
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: NINO, LUIS E
Address: 8405 N. W. 53RD STREET, SUITE B-220
City-St-Zip: MIAMI, FL 33166

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: LOUIS STINSON, JR.

MGRM

04/11/2006

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