


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90190 028 ****50.00

DOCUMENT # M03000002255

1. Entity Name
 MTN CAPITAL PARTNERS LLC



Principal Place of Business
 38 EAST 32ND STREET, 3RD FL
 NEW YORK, NY 10016

Mailing Address
 38 EAST 32ND STREET, 3RD FL
 NEW YORK, NY 10016

24003104



2. Principal Place of Business
 60 EAST 42ND ST.
 Suite, Apt. #, etc.
 SUITE 1240

3. Mailing Address
 60 EAST 42ND ST.
 Suite, Apt. #, etc.
 SUITE 1240

01082004 Chg-LLC CR2E083 (10/03)

City & State
 NEW YORK, NY

City & State
 NEW YORK, NY

Zip
 10165

Country
 USA

Zip
 10165

Country
 USA

4. FEI Number
 35-2196149

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKEE, MICHAEL
 8111 BLAIKIE COURT, STE. E
 SARASOTA, FL 34240

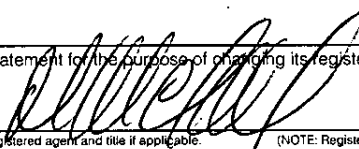
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **JAN 8/04**

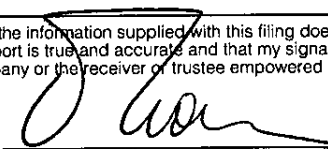
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEIDAR, MOSHE 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 EAST 42ND ST., SUITE 1240 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROUVEROY, OLIVIER 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 EAST 42ND ST., SUITE 1240 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEGREA, DAN 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 EAST 42ND ST., SUITE 1240 NEW YORK, NY 10165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE: **1/12/04** (212) 400-2667

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

OLIVIER TROUVEROY