

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000563

FILED
Jan 26, 2004
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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 55-0822959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINSON, LOUIS JR.
2199 PONCE DE LEON BLVD. SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BLVD. SUITE 301
CORAL GABLES, FL 33134 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: LOUIS STINSON, JR. 01/26/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: STINSON, LOUIS JR
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Change (X) Addition
Name: NINO, LUIS E
Address: 8405 N. W. 53RD STREET, SUITE C-102
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 Section 119.07(3)(i), 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 01/26/2004

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