

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000563

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** TRANSITION MANAGEMENT CONSULTANTS INTERNATIONAL, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

8405 N.W. 53RD STREET  
SUITE B-220  
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:**

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 B-220  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

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: LOUIS STINSON      MGRM      04/10/2007

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