

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90425 009 ****50.00

| | |
|---|---|
| DOCUMENT # L03000011062 |  |
| 1. Entity Name MISSION CAPITAL TRANSACTION MANAGEMENT, LLC | |

| | |
|--|--|
| Principal Place of Business 777 SOUTH FLAGLER DRIVE WEST TOWER STE. 800 WEST PALM BEACH, FL 33401 | Mailing Address 777 SOUTH FLAGLER DRIVE WEST TOWER STE. 800 WEST PALM BEACH, FL 33401 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 2655 N. OCEAN DRIVE | 3. Mailing Address 2655 N. OCEAN DRIVE |
|---|---|

| | |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc. SUITE 328 | Suite, Apt. #, etc. SUITE 328 |
|----------------------------------|----------------------------------|

| | |
|-------------------------------------|-------------------------------------|
| City & State WEST PALM BEACH, FL | City & State WEST PALM BEACH, FL |
|-------------------------------------|-------------------------------------|

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 33404 | Country USA | Zip 33404 | Country USA |
|--------------|----------------|--------------|----------------|



03242005 Chg-LLC CR2E083 (10/03)

| | |
|-----------------------------|--|
| 4. FEI Number 02-0685196 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| RUNK, JOSEPH 213 BLOSSOM LANE WEST PALM BEACH, FL 33404 | 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 _____
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, 2005 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RUNK, JOSEPH 213 BLOSSOM LANE PALM BEACH SHORES, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TOBIN, WILLIAM DAVID 777 S FLAGLER DRIVE STE 800 W. TOWER WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2655 N. OCEAN DRIVE, SUITE 328 WEST PALM BEACH, FL 33404 |
| 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 |
| 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 |
| 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 |
| 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: J Runk Jr 3/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #