


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90078 009 \*\*\*\*50.00

<b>DOCUMENT # L03000011062</b>	
1. Entity Name <b>MISSION CAPITAL TRANSACTION MANAGEMENT, LLC</b>	

Principal Place of Business <b>2655 NORTH OCEAN DRIVE SUITE 328 WEST PALM BEACH, FL 33404 US</b>	Mailing Address <b>2655 NORTH OCEAN DRIVE SUITE 328 WEST PALM BEACH, FL 33404 US</b>
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2. Principal Place of Business <b>4440 PGA BLVD.</b>	3. Mailing Address <b>4440 PGA BLVD.</b>
Suite, Apt. #, etc. <b>SUITE 304</b>	Suite, Apt. #, etc. <b>SUITE 304</b>
City & State <b>PALM BEACH GARDENS, FL</b>	City & State <b>PALM BEACH GARDENS, FL</b>
Zip <b>33410</b>	Country <b>USA</b>


**20041435**

04242006 Chg-LLC CR2E083 (11/05)



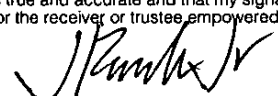
6. Name and Address of Current Registered Agent <b>RUNK, JOSEPH 213 BLOSSOM LANE WEST PALM BEACH, FL 33404</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>103 OLIVERA WAY</b>	
City <b>PALM BEACH GARDENS</b>	Zip Code <b>FL 33418</b>

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 <b>4/25/06</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>103 OLIVERA WAY PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBIN, WILLIAM DAVID 2655 NORTH OCEAN DRIVE SUITE 328 WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4440 PGA BLVD., STE. 304 PALM BEACH GARDENS, FL 33410</b>
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 exemptions contained in Chapter 119, 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 <b>4/25/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	