2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000029571

1. Entity Name
PERFORMANCE CAPITAL LLC

Principal Place of Business	Mailing Address
109 CUNNINGHAM DRIVE NEW SMYRNA BEACH, FL 32168 US	109 CUNNINGHAM DRIVE NEW SMYRNA BEACH, FL 32168 US

DO NOT WRITE IN THIS SPACE

01302006No Chg-LLC CR2E083 (11/05)

4. FEI Number
54-2123120
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, DAVID J
109 CUNNINGHAM DRIVE
NEW SMYRNA BEACH, FL 32168

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	EAGLE VIEW MANAGEMENT CORPORATION
STREET ADDRESS	109 CUNNINGHAM DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
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02/13/06-80074-007 50.00

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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: David J. Owens DAVID J. OWENS Jan 30, 2006 386 409-8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #