2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L03000033152

Entity Name: THE TRANSACTION BROKERS, LLC

Current Principal Place of Business:

622 EAST WASHINGTON STREET
SUITE 240
ORLANDO, FL 32801

New Principal Place of Business:

615 EAST KALEY STREET
ORLANDO, FL 32806

Current Mailing Address:

615 EAST KALEY STREET
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-0198776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, CECIL D JR.
615 EAST KALEY STREET
ORLANDO, FL 32806 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:	MOORE, CECIL D JR.	
Address:	615 EAST KALEY STREET	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:	MGRM	( ) Delete
Name:	MOORE, CECIL D MR	
Address:	1515 BRIERCLIFF DRIVE	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:	MGRM	( ) Delete
Name:	MOORE, CAROL K MRS	
Address:	1515 BRIERCLIFF DRIVE	
City-St-Zip:	ORLANDO, FL 32806 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CECIL D. MOORE, JR MGRM 03/25/2009

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