2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# L04000091877

Entity Name: TRANSACTION GUARANTEE ASSOCIATES, LLC

Current Principal Place of Business:

11900 BISCAYNE BLVD.
SUITE 770
MIAMI, FL 33138

New Principal Place of Business:

11900 BISCAYNE BLVD.
SUITE 770
MIAMI, FL 33181

Current Mailing Address:

11900 BISCAYNE BLVD.
SUITE 770
MIAMI, FL 33138

New Mailing Address:

11900 BISCAYNE BLVD.
SUITE 770
MIAMI, FL 33181

FEI Number: 06-1747054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MYATT, JASON S
11900 BISCAYNE BLVD.
SUITE 700
MIAMI, FL 33181 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: MMM ASSOCIATES, LLC,
Address: 11900 BISCAYNE BLVD., SUITE 770
City-St-Zip: MIAMI, FL 33181

Title: MGRM ( ) Delete
Name: MJJ ASSOCIATES, LLC,
Address: 2000 TOWERSIDE TERRACE #1508
City-St-Zip: MIAMI, FL 33138

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 Section 119.07(3)(i), 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: STANLEY MYATT MGRM 06/29/2005

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