FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90039 041 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000114813

1. Entity Name
EMINENCE FINANCIAL, LLC

Principal Place of Business	Mailing Address
516 BISCAYNE DRIVE WEST PALM BEACH, FL 33401	516 BISCAYNE DRIVE WEST PALM BEACH, FL 33401

04262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
580 VILLAGE BLVD.	580 VILLAGE BLVD.
Suite, Apt. #, etc.: SUITE 325	Suite, Apt. #, etc.: SUITE 325
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. FEI Number 20-3866649 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LACONTE, RYAN M
516 BISCAYNE DRIVE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: LA CONTE, RYAN M
Street Address (P.O. Box Number is Not Acceptable): 1318 FLORIDA AVE.
City: WEST PALM BEACH FL Zip Code: 33404

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: [signature] 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LACONTE, RYAN M 516 BISCAYNE DRIVE WEST PALM BEACH, FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LACONTE, RYAN M 1318 FLORIDA AVE. WEST PALM BEACH, FL 33401 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/26/07 561.687.3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #