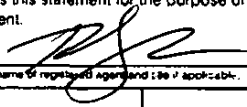


FILED
Apr 30, 2007 8:00 am
Secretary of State

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 516 BISCAYNE DRIVE WEST PALM BEACH, FL 33401		Mailing Address 516 BISCAYNE DRIVE WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 580 VILLAGE BLVD.		3. Mailing Address 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 LACONTE, RYAN M Street Address (P.O. Box Number is Not Acceptable) 1318 FLORIDA AVE. City WEST PALM BEACH FL Zip Code 33409	
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 4/26/07 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature is required when re-registering)			
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		4/26/07 561.687.3227	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	