

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088239

FILED
Jan 08, 2008
Secretary of State

Entity Name: TRANSEQUITY FINANCIAL, LLC

Current Principal Place of Business:

13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEDECK, LEONARD E ESQ
13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325 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: MGR () Delete
Name: OGONOWSKI, ROBERT
Address: 2100 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: HIMES, WILLIAM E
Address: 2100 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: ZEDECK, LEONARD
Address: 13790 N.W. 4TH STREET, SUITE 113
City-St-Zip: SUNRISE, FL 33325

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: WILLIAM E. HIMES

MGR

01/08/2008

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