## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L09000064033

Entity Name: OPTIMUM CAPITAL PARTNERS, LLC

FILED Apr 27, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

50 SE OCEAN BLVD 4830 W KENNEDY BLVD

SUITE 204 SUITE 447

STUART, FL 34994 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

50 SE OCEAN BLVD 4830 W KENNEDY BLVD

 SUITE 204
 SUITE 447

 STUART, FL 34994
 TAMPA, FL 33609

FEI Number: 27-0475841 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYMORE, JOSEPH 50 SE OCEAN BLVD SUITE 204

STUART, FL 34994 US

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

Name: ABUNDANCE HOLDINGS, LLC
Address: 615 S. DUPONT HWY
City-St-Zip: DOVER, DE 19901

Title: MGRM

Name: MANNA HOLDING COMPANY, LLC
Address: 2704 SERENITY CIRCLE N.
City-St-Zip: FT. PIERCE, FL 34981

 Title:
 MGRM

 Name:
 JB IRA, LLC

 Address:
 813 SASSAFRAS CT

 City-St-Zip:
 MAHWAH, NJ 07430

Title: MGRM

Name: JEWKES, GARY
Address: 3410 HICKORY HILL RD.
City-St-Zip: BROOKS, GA 30205

Title: MGRM

 Name:
 CLARKSON, TIM

 Address:
 560 ROBERT CIRCLE

 City-St-Zip:
 SANTA CLARA, UT 84765

Title: MGRM

Name: JOURNEY HOLDINGS, LLC
Address: 400 VENTURA DRIVE
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 Statues.

SIGNATURE: JOURNEY HOLDINGS LLC MGMR 04/27/2010

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