


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90190 028 \*\*\*\*50.00

<b>DOCUMENT # M03000002255</b>	
1. Entity Name MTN CAPITAL PARTNERS LLC	

Principal Place of Business 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016	Mailing Address 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016
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24003104

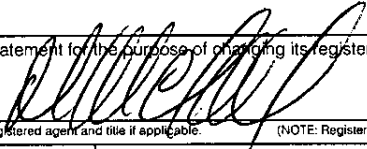


2. Principal Place of Business 60 EAST 42ND ST. Suite, Apt. #, etc. SUITE 1240 City & State NEW YORK, NY Zip 10165 Country USA	3. Mailing Address 60 EAST 42ND ST. Suite, Apt. #, etc. SUITE 1240 City & State NEW YORK, NY Zip 10165 Country USA
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01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2196149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEE, MICHAEL 8111 BLAIKIE COURT, STE. E SARASOTA, FL 34240	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

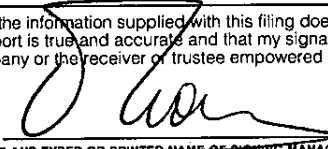
SIGNATURE  DATE JAN 8/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEIDAR, MOSHE 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 EAST 42ND ST., SUITE 1240 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROUVEROY, OLIVIER 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 EAST 42ND ST., SUITE 1240 NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEGREA, DAN 38 EAST 32ND STREET, 3RD FL NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 EAST 42ND ST., SUITE 1240 NEW YORK, NY 10165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 1/12/04 (212) 400-2667

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

OLIVIER TROUVEROY