2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT # M04000001390

1. Entity Name
PERFORMANCE CAPITAL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
222 S. HARBOR BLVD, STE 400 ANAHEIM, CA 92805	222 S. HARBOR BLVD, STE 400 ANAHEIM, CA 92805

DO NOT WRITE IN THIS SPACE

03022005No Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0375751
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CALDWELL, DAVE
STREET ADDRESS	222 S. HARBOR BLVD, STE 400
CITY-ST-ZIP	ANAHEIM, CA 92805
TITLE	MGR
NAME	CONSTANTINO, WILLIAM
STREET ADDRESS	222 S. HARBOR BLVD, STE 400
CITY-ST-ZIP	ANAHEIM, CA 92805
TITLE	MGR
NAME	BARD, DARREN
STREET ADDRESS	222 S. HARBOR BLVD, STE 400
CITY-ST-ZIP	ANAHEIM, CA 92805
TITLE	MGR
NAME	BARNHIZER, DAVID
STREET ADDRESS	222 S. HARBOR BLVD, STE 400
CITY-ST-ZIP	ANAHEIM, CA 92805
TITLE	MGR
NAME	BISHOP, LES
STREET ADDRESS	222 S. HARBOR BLVD, STE 400
CITY-ST-ZIP	ANAHEIM, CA 92805
TITLE	MGR
NAME	GADD, LARISA
STREET ADDRESS	222 S. HARBOR BLVD, STE 400
CITY-ST-ZIP	ANAHEIM, CA 92805

UD0000261862
03/14/05-80029-021 50.00

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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: William D. Constantino - William Constantino 3/9/05 (714) 502-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #