2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400001390



FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90052 049 ****50.00

1. Entity Nam	MANCE CAPITAL MANAGE	MENT, LLC						
Principal Place of Business		Mailing Address			20001426			
7001 VILLAGE DR., SUITE 255 BUENA PARK, CA 90621		7001 VILLAGE DR., SUITE 255 BUENA PARK, CA 90621						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		010920	07 Chg-LLC	CR2E083	(12/06)	
City & State		City & State		4. FEI Nu 03-0	umber)375751			plied For Applicable
Žip	Country	Zip	Country	5. Certifi	cate of Status Desired		.00 Add	
6. Name and Address of Current R		egistered Agent	gistered Agent		7. Name and Address of New Registered Agent			
0.7.005-	20047101101010777		Name					
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324		Street	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code	
	e named entity submits this statement for tions of registered agent,	the purpose of changing its	registered office	or registered agent, o	r both, in the State of Flo	orida. I am lam	iliar with, a	and accept
SIGNATURE .	Signature Typed or printed name of registered agent an	d trie if applicable (NOTE	F. Renistered Amout sine	ature required when reinstates	a)	DATE		
					1			
Filing Fee is \$50.00 Due by May 1, 2007		!			 	e check paya Department		•
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE	MGR	☐ Defete	THLE			<u>X</u>	Change	Addition
NAME	CALDWELL, DAVE		NAME	7001 ***		g	255	
STREET ADDRESS CITY ST ZIP	222 S. HARBOR BLVD, STE 400 ANAHEIM, CA 92805		STREET ADDRESS CITY ST ZIP		llage Dr., ark, CA 900		255	
TITLE	MGR CONSTANTINO, WILLIAM	☐ Delete	THLE] Change	Addition
STREET ADDRESS	· ·		STREET ADDRESS	7001 Vil	llage Dr.,	Suite	255	
CITY ST ZIP	ANAHEIM, CA 92805		CITY - \$1 - ZIP		ark, CA 900	621	_	
TITLE NAME	MGR BARD, DARREN	☐ Delete	TIJLE NAME			•	Change	Addition
SIREEI ADDRESS CITY ST ZIP	222 S. HARBOR BLVD, STE 400 ANAHEIM, CA 92805		STREET ADDRESS CITY ST ZIP		llage Dr.,		255	
TITLE	MGR	☐ Delele	IIITE	Buena Pa	ark, CA 900) 	Change	Addition
NAME STREET ADDRESS	BARNHIZER, DAVID 222 S. HARBOR BLVD, STE 400		NAME STREET ADDRESS	7001 Vi	llage Dr .	Suite	255	
CHY-ST ZIP	ANAHEIM, CA 92805		CITY ST ZIP	Buena Pa	ark, CA 900			
THLE	ANAHEIM, CA 92805 MGR	☐ Delete	CITY ST ZIP	Buena Pa		621	Change	Addition
TILLE NAME	ANAHEIM, CA 92805 MGR BISHOP, LES	☐ Delete	CITY ST ZIP TITLE NAME		ark, CA 906	621 >	•	Addition
THLE	ANAHEIM, CA 92805 MGR	☐ Defete	CITY ST ZIP	7001 Vi		621 Suite 2	•	Addition
TITLE NAME STREET ADDRESS	ANAHEIM, CA 92805 MGR BISHOP, LES 222 S. HARBOR BLVD, STE 400	☐ Delete	CITY ST ZIP TITLE NAME STREET ADDRESS	7001 Vi	ark, CA 906	621 Suite 2 621	2 5 5	Addition
NAME STREET ADDRESS CITY ST ZIP DILE NAME	ANAHEIM, CA 92805 MGR BISHOP, LES 222 S. HARBOR BLVD, STE 400 ANAHEIM, CA 92805 MGR GADD, LARISA		CITY ST ZIP IIILE NAME STREET ADDRESS CITY ST ZIP TITLE NAME	7001 Vil Buena Pa	llage Dr.,Sark, CA 906	621 Suite 2 621	•	
THE NAME STREET ADDRESS CITY ST ZIP	ANAHEIM, CA 92805 MGR BISHOP, LES 222 S. HARBOR BLVD, STE 400 ANAHEIM, CA 92805 MGR		CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE	7001 Vil Buena Pa	ark, CA 906	Suite 2 521 = 255	2 5 5	

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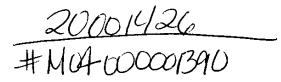
ATTACHMENT

DOCUMENT # M04000001390 Page 2 of 2 PERFORMANCE CAPITAL MANAGEMENT, LLC 2000 1426 Principal Place of Business Mailing Address 7001 VILLAGE DR., SUITE 255 7001 VILLAGE DR., SUITE 255 BUENA PARK, CA 90621 BUENA PARK, CA 90621 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01092007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 03-0375751 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR THILE TITLE Change : ☐ Addition Delete Larry C. Smith 7001 Village Dr., Suite 255 CALDWELL, DAVE NAME NAME STREET ADDRESS 222 S. HARBOR BLVD, STE 400 STREET ADDRESS Buena Park, CA 90621 ANAHEIM, CA 92805 CITY ST ZIP CITY ST ZIP ☐ Delete HILLE MGR Change DILLE Addition NAME CONSTANTINO, WILLIAM Sanford Lakoff STREET ADDRESS 222 S. HARBOR BLVD, STE 400 STREET ADDRESS 7001 Village Dr., Suite 255 Buena Park, CA 90621 ANAHEIM, CA 92805 CITY ST ZIP MGR DILLE Change ☐ Addition ☐ Delete HILE MGR BARD, DARREN NAME NAME Donald Rutherford STREET ADDRESS 222 S. HARBOR BLVD, STE 400 STREET ADDRESS 7001 Village Dr., Su Buena Park, CA 90621 Suite 255 ANAHEIM, CA 92805 CITY ST-ZIP CITY ST ZIP Change TITLE MGR Delete THLE MGR ☐ Addition Rodney Woodworth 7001 Village Dr., BARNHIZER, DAVID NAME NAME STREET ADDRESS 222 S. HARBOR BLVD, STE 400 STREET ADDRESS Suite 255 CITY ST 7IP ANAHEIM, CA 92805 CITY-ST-ZIP Buena Park, CA 90621 THLE MGR TITLE ☐ Change Addition ☐ Delete BISHOP, LES NAME NAME 222 S. HARBOR BLVD, STE 400 STREET ADDRESS STREET ADDRESS ANAHEIM, CA 92805 CITY ST ZIP CHY ST ZIP ☐ Delete MGR TITLE ☐ Change ☐ Addition mu NAME GADD, LARISA NAME STREET ADDRESS 222 S. HARBOR BLVD, STE 400 STREET ADDRESS ANAHEIM, CA 92805 CITY ST ZIP CITY ST-ZIP 11. Thereby certify that the information supplied with this filling 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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WILLIAM D. LONSTANTINO
GING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE



ATTACHMENT



January 11, 2007

VIA DHL EXPRESS MAIL Tel: (850) 245-6051 [31268050612]

Florida Division of Corporations 2670 Execute Center Circle, Suite 100 Tallahassee, FL 32301

Re: Performance Capital Management, LLC

Annual Report

Dear Sirs:

Enclosed find our annual report and \$50.00 filing fee. The only change from previous years is our new address which is reflected in section in 10.

Please contact the undersigned if you have any questions.

Sincerely,

Performance Capital Management, LLC

William D. Constantino, Esq.

Chief Legal Officer

Enclosures: As stated.

WDC/as