


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90433 011 \*\*\*\*50.00

<b>DOCUMENT # M05000003128</b> 1. Entity Name <b>TRANSCON FINANCIAL, LLC</b>					
Principal Place of Business <b>12012 SOUTH SHORE BLVD., SUITE 209 WELLINGTON FL 33414</b>			Mailing Address <b>12012 SOUTH SHORE BLVD., SUITE 209 WELLINGTON FL 33414</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-0461121</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____					
			<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PREISER, JONATHAN 12012 SOUTH SHORE BLVD., SUITE 209 WELLINGTON FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PREISER, SCOTT 12012 SOUTH SHORE BLVD., SUITE 209 WELLINGTON FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PLEASANT, RICHARD 12012 SOUTH SHORE BLVD., SUITE 209 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Jonathan Preiser</u>			3-21-07		(561) 472-7530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Telephone Phone #