

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003128

Entity Name: TRANSCON FINANCIAL, LLC

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

12012 SOUTH SHORE BLVD., SUITE 209
WELLINGTON, FL 33414

New Principal Place of Business:

12012 SOUTH SHORE BLVD
SUITE 209
WELLINGTON, FL 33414

Current Mailing Address:

12012 SOUTH SHORE BLVD., SUITE 209
WELLINGTON, FL 33414

New Mailing Address:

12012 SOUTH SHORE BLVD.
SUITE 209
WELLINGTON, FL 33414

FEI Number: 20-0461121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 () Delete
Name: PREISER, JONATHAN
Address: 12012 SOUTH SHORE BLVD., SUITE 209
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: PREISER, SCOTT
Address: 12012 SOUTH SHORE BLVD., SUITE 209
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PREISER, JONATHAN
Address: 12012 SOUTH SHORE BLVD. SUITE 209
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: JONATHAN PREISER

PRES

01/28/2008

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