


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000007150</b> 1. Entity Name <b>TOTAL TRANSFER, LLC</b>	
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Principal Place of Business <b>901 E. ST. LOUIS 20TH FLOOR SPRINGFIELD, MO 65806</b>	Mailing Address <b>901 E. ST. LOUIS 20TH FLOOR SPRINGFIELD, MO 65806</b>
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**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-LLC

CR2E083 (11/05)

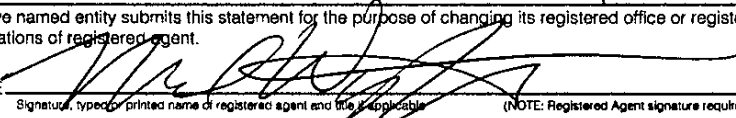
4. FEI Number <b>36-4593004</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WYCKOFF, MICHAEL E  
2041 AGORA CIR.  
PALM BAY, FL 32909**

**DO NOT WRITE  
IN THIS SPACE**

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 **2/19/07**

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, 2007**

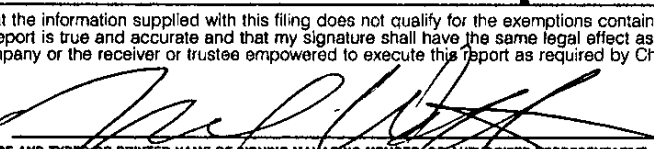
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WYCKOFF, MICHAEL E 2041 AGORA CIR. PALM BAY, FL 32909</b>
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03/06/07-80001-014 50.00

11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE **2/19/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #