## **2003 LIMITED LIABILITY COMPANY**

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0200000570



Sep 23, 2003 8:00 am Secretary of State 09-23-2003 90023 017 \*\*\*\*55.00

TESOURC	E CAPIII	AL MANAGEMENT L	LC										
Principal Plac	e of Busines	es	Mailing Address	·									
100 SOUTH OCEAN DR. #10-CD ORT LAUDERDALE FL 33316			2100 SOUTH OCEAN DR. #10-CD FORT LAUDERDALE FL 33316							<b></b>			
Principal P	Place of Busin	naee	. 3. Mailing Address		· · · · · · · · · · · · · · · · · · ·	·							
2. Principal Place of Business			. Mailing Address							II <b>10</b> 111 E0111 <b>00</b>		EALL ORIL (BB)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						CHECK HERE	IF MAKING	CHANGES	5	
City & State			City & State				4. FEI Nun	nber C	1-068	5880	A	pplied For lot Applicable	
Zip Country			Zip Country										
	6. Name	e and Address of Current I	Registered Agent	I			7. Name a	nd Add	dress of New I	Registered A			
COE	DAMEDICA	INC			Name								
416	RPAMERICA S.E. 15 ST	•		Street A	eet Address (P.O. Box Number is Not Acceptable)								
FUR	I LAUDEH	DALE FL 33316											
	*				City					FL	Zip Co	de	1
		y submits this statement for tered agent.	the purpose of changing its	registere	ed office o	r registered	agent, or t	ooth, in	the State of Fl	orida. I am	amiliar with	, and accept	
SIGNATURE .			and the state of t	F. B						DATE			
	Signature, typed	or printed name of registered agent a				ture required wh	en reinstating)			DATE			$\dashv$
		- 1941 - 1941	1	FILE NOW!!! FEE IS \$50.00			of Cioto						
3			Make Check Payable to Florida Departme Due By September 24, 2003				or State						
<u> (                                   </u>		· MANAGING MEMBEI	, ,			, 2000	ADDITIONS/CHANGES						
itle		WANAGING WEWIEL	Delete	TITLE		Docs	IDEN	<del>-</del>	ADDITIONS	CHANGES	☐ Change	Addition	<u>ქ</u> ფ
AME			L Boloto	NAM		RICH	ARD	٠J.	REE	SE	Gridings	Tagaraga.	4
TREET ADDRESS		4		STRE	ET ADDRESS	2100	, (C)	TU.	OCEAN	100	# 10	-C' T	CR2E083
ITY-ST-ZIP				CITY	-ST-ZIP	FOOT	LAU	T F⊒G	CDALE	Y PR.			7 22
ITLE			☐ Delete	TITLE		, 0		~~	333		Change	☐ Addition	၂၀
IAME TREET ADDRESS				NAM	e Et address				033	ω			
ITY-ST-ZIP					-ST-ZIP								1
ITLE	<del>-</del> 3 =	a la ser el ser en la company de la comp	Delete	TITLE					per anno probability and announced		☐ Change	Addition	1
AME !	Į			NAM									
TREET ADDRESS				STRE	ET ADDRESS								
ITY-ST-ZIP				CITY	-\$T-ZIP								_
ITLE			Delete	TITLE							☐ Change	Addition	1
ame Treet address				NAMI									
ITY-ST-ZIP					ET ADDRESS -ST-ZIP								1
TLE			□ Delete	TITLE		<del> </del>					☐ Change	Addition	1
AME			□ Delete	NAMI							Cridings	Addition	
TREET ADDRESS				STRE	ET ADDRESS								
ITY-ST-ZIP				CITY-	-ST-ZIP								_
TLE			☐ Delete	TITLE							☐ Change	☐ Addition	
AME				NAME									
Treet address ITY-ST-ZIP					ET ADDRESS -ST-ZIP								
		,		E 2111	J. 20	1							i i

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 employered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**