

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005324

FILED
Mar 24, 2009
Secretary of State

Entity Name: BIOMET TRAUMA, BIOMET SPINE, BIOMET BRACING, AND BIOMET OSTEOBIOLOGICS, LLC

Current Principal Place of Business:

100 INTERPACE PARKWAY
PARISPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

100 INTERPACE PARKWAY
PARISPPANY, NJ 07054

New Mailing Address:

56 EAST BELL DRIVE
P.O. BOX 587
WARSAW, IN 46581

FEI Number: 31-1651314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: BINDER, JEFFREY R
Address: 56 EAST BELL DRIVE
City-St-Zip: WARSAW, IN 46582

Title: MGR () Delete
Name: TANDY, BRADLEY J
Address: 56 EAST BELL DRIVE
City-St-Zip: WARSAW, IN 46582

Title: MGR () Delete
Name: RICHARDSON, J. PAT
Address: 56 EAST BELL DRIVE
City-St-Zip: WARSAW, IN 46582

ADDITIONS/CHANGES:

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

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

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: BRADLEY J. TANDY

MGR

03/24/2009

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