

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90401 048 ***138.75

60011903



DOCUMENT # L03000000906 1. Entity Name COURAGE & ASSOCIATES, LLC																													
Principal Place of Business 3006 AVIATION AVENUE SUITE 2A COCONUT GROVE, FL 33133			Mailing Address 3006 AVIATION AVENUE SUITE 2A COCONUT GROVE, FL 33133																										
2. Principal Place of Business - No P.O. Box # 2121 PONCE DE LEON BLVD		3. Mailing Address 2121 PONCE DE LEON BLVD																											
Suite, Apt. #, etc. 1100		Suite, Apt. #, etc. 1100																											
City & State CORAL GABLES FL		City & State CORAL GABLES FL																											
Zip 33134		Country USA		Zip 33134																									
Country USA		4. FEI Number 73-1697310																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent FLORIDA CORPORATE SERVICES, LLC. 3006 AVIATION AVENUE SUITE 2A COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name SAUL H. SILVERMAN Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD #1100 City CORAL GABLES FL Zip Code 33134																										
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 <u><i>Saul H. Silverman</i></u> SAUL H. SILVERMAN DATE 2/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PETERSMANN, HANS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3006 AVIATION AVENUE, SUITE 2A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT GROVE, FL 33133</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	PETERSMANN, HANS		STREET ADDRESS	3006 AVIATION AVENUE, SUITE 2A		CITY-ST-ZIP	COCONUT GROVE, FL 33133		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">801 BRICKELL BAY DR #1170</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI FL 33131</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	801 BRICKELL BAY DR #1170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI FL 33131		STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Hans Petersmann</i></u> HANS PETERSMANN DATE 2/27/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													