

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025020

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: COE CAPITAL LLC

**Current Principal Place of Business:**

48 WALL ST  
1100  
NEW YORK, NY 10005

**New Principal Place of Business:**

20 FIR COURT  
EAGLE, CO 81631

**Current Mailing Address:**

PO BOX 8528  
AVON, CO 81620

**New Mailing Address:**

PO BOX 1710  
EAGLE, CO 81631

FEI Number: 20-0965343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: COE, MARK  
Address: PO BOX 8528  
City-St-Zip: AVON, CO 81620

Title: MGRM ( ) Delete  
Name: RICH, BRYAN  
Address: 1333 HUDSON ST, APT 504 NV  
City-St-Zip: HOBOKEN, NJ 07030

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COE, MARK  
Address: PO BOX 1710  
City-St-Zip: EAGLE, CO 81631

Title: MGRM (X) Change ( ) Addition  
Name: COE, CHANNING  
Address: 4061 E LAKE DRIVE  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK COE

PRES

01/13/2006

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