2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 03, 2007
Secretary of State

DOCUMENT# L05000004262

Entity Name: CU BUSINESS CAPITAL, LLC

Current Principal Place of Business:

3700 LAKESIDE DRIVE
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

3700 LAKESIDE DRIVE
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 20-2154555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAUSEL, PHYLLIS
3700 LAKESIDE DRIVE
MIRAMAR, FL 33027 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: EASTERN FINANCIAL FL, ORIDA CREDIT U N ION
Address: 3700 LAKESIDE DRIVE
City-St-Zip: MIRAMAR, FL 33027 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BRYAN, COLBERT PRES
Address: 3700 LAKESIDE DRIVE
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGR ( ) Change (X) Addition
Name: ALTMAN, ARNOLD
Address: 3700 LAKESIDE DRIVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Change (X) Addition
Name: FRAUSEL, PHYLLIS COO
Address: 3700 LAKESIDE DRIVE
City-St-Zip: MIRAMAR, FL 33027

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: PHYLLIS FRAUSEL COO 08/03/2007

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