

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004262

Entity Name: CU BUSINESS CAPITAL, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3700 LAKESIDE DRIVE
MIRAMAR, FL 33027 US

New Principal Place of Business:

3700 LAKESIDE DRIVE
4TH FLOOR
MIRAMAR, FL 33027 US

Current Mailing Address:

3700 LAKESIDE DRIVE
MIRAMAR, FL 33027 US

New Mailing Address:

3700 LAKESIDE DRIVE
4TH FLOOR
MIRAMAR, FL 33027 US

FEI Number: 20-2154555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEISMAN, SUSAN CFO/COO
3700 LAKESIDE DRIVE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

COLBERT, BRYAN CEO
3700 LAKESIDE DRIVE
MIRAMAR, FL 33027 US

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: COLBERT BRYAN

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR (X) Delete
Name: HALPRINE, MURRAY SVP
Address: 3700 LAKESIDE DRIVE
City-St-Zip: MIRAMAR, FL 33027

Title: MGR (X) Delete
Name: MCCLUSKEY, WILLIAM CLO
Address: 3700 LAKESIDE DRIVE
City-St-Zip: MIRAMAR, FL 33027

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: COLBERT BRYAN

PRES

05/01/2009

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