2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089246

Address:

City-St-Zip:

114 VILLA NUEVA PLACE

PALM BEACH GARDENS, FL 33418 US

Entity Name: COTE D'OR MANAGEMENT, LLC

FILED May 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 114 VILLA NUEVA PLACE PALM BEACH GARDENS, FL 33418 US **Current Mailing Address: New Mailing Address:** 114 VILLA NUEVA PLACE PALM BEACH GARDENS, FL 33418 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () 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: Name and Address of New Registered Agent: SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete STICKLE, ROBERT MD Name: Name: Address: 114 VILLA NUEVA PLACE Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: STICKLE, SHIRLEY H MD 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: ROBERT STICKLE MGR 05/02/2009