

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001549

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: TRIAGE CAPITAL, LLC

**Current Principal Place of Business:**

1221 BRICKELL AVENUE, SUITE 1540  
MIAMI, FL 33131

**New Principal Place of Business:**

1221 BRICKELL AVENUE, SUITE 2660  
MIAMI, FL 33131

**Current Mailing Address:**

1221 BRICKELL AVENUE, SUITE 1540  
MIAMI, FL 33131

**New Mailing Address:**

1221 BRICKELL AVENUE, SUITE 2660  
MIAMI, FL 33131

FEI Number: 20-0939563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE  
SUITE 1114  
MIAMI BEACH, FL 33139 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SICILIAN, JOHN  
Address: 1221 BRICKELL AVENUE, SUITE 1540  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SICILIAN, JOHN  
Address: 1221 BRICKELL AVENUE, SUITE 2660  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN SICILIAN

MAN

04/21/2005

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