## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000001962

Entity Name: CAPITAL BUSINESS CREDIT LLC

FILED Jul 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O PERRY CAPITAL LLC 1799 OAKLAND PRK BLVD 3RD FL 599 LEXINGTON AVE. FORT LAUDERDALE, FL 33311 NEW YORK, NY 10022 **New Mailing Address: Current Mailing Address:** 1799 W OAKLAND PRK BLVD 3RD FL FORT LAUDERDALE, FL 33311 FEI Number: 37-1507331 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: CEO Title: (X) Change ( ) Addition () Delete TRANBAUM, ANDREW TANNANBAUM, ANDREW Name: Name: 1700 BROADWAY Address: 1700 BROADWAY Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: NEW YORK, NY 10019 Title: ( ) Delete Title: () Change () Addition GRBIC, BOB Name: Name: Address: 1700 BROADWAY Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: **EVP** () Delete Title: () Change () Addition SCIARRA, TRI Name: Name: 700 S FLOWER ST STE 2001 Address: Address: City-St-Zip: LOS ANGELES, CA 90017 City-St-Zip: Title: SVP ( ) Delete Title: SVP (X) Change ( ) Addition Name: ROFHMAN JIM Name: ROTHMAN, JIM 1799 W OAKLAND PRK BLVD 1799 W OAKLAND PRK BLVD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 Title: SRP () Delete Title: () Change () Addition SCHWARTZ, RON Name: Name: 1799 W OAKLAND PRK BLVD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition SULLIVAN, MICHAEL Name: Name: Address: 15800 JOHN J DELAYNE DR Address: CHARLOTTE, NC 28277 City-St-Zip: 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: CHRISTINA CHALKLEY SVP 07/18/2007