

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001962

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CAPITAL BUSINESS CREDIT LLC

**Current Principal Place of Business:**

1799 OAKLAND PRK BLVD 3RD FL  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1799 W OAKLAND PRK BLVD 3RD FL  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 37-1507331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO ( ) Delete  
Name: TANNANBAUM, ANDREW  
Address: 1700 BROADWAY  
City-St-Zip: NEW YORK, NY 10019

Title: C ( ) Delete  
Name: GRBIC, BOB  
Address: 1700 BROADWAY  
City-St-Zip: NEW YORK, NY 10019

Title: EVP ( ) Delete  
Name: SCIARRA, TRI  
Address: 700 S FLOWER ST STE 2001  
City-St-Zip: LOS ANGELES, CA 90017

Title: SVP ( ) Delete  
Name: ROTHMAN, JIM  
Address: 1799 W OAKLAND PRK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SRP ( ) Delete  
Name: SCHWARTZ, RON  
Address: 1799 W OAKLAND PRK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: EVP ( ) Delete  
Name: SULLIVAN, MICHAEL  
Address: 15800 JOHN J DELAYNE DR  
City-St-Zip: CHARLOTTE, NC 28277

**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:

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: DEBBIE KOHL

VP

03/26/2009

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