

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001953

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** CAPITALSOURCE FUNDING III LLC

**Current Principal Place of Business:**

4445 WILLARD AVE., 12TH FLOOR  
CHEVY CHASE, MD 20815

**New Principal Place of Business:**

4445 WILLARD AVE., 12TH FLOOR  
CHEVY CHASE, MD 20815 US

**Current Mailing Address:**

4445 WILLARD AVE., 12TH FLOOR  
CHEVY CHASE, MD 20815

**New Mailing Address:**

4445 WILLARD AVE., 12TH FLOOR  
CHEVY CHASE, MD 20815 US

**FEI Number:** 32-0167183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: CAPITALSOURCE FINANCE II INC.  
Address: 4445 WILLARD AVE., 12TH FLOOR  
City-St-Zip: CHEVY CHASE, MD 20815

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CAPITALSOURCE FINANCE II LLC  
Address: 4445 WILLARD AVE., 12TH FLOOR CHEVY CHASE  
City-St-Zip: CHEVY CHASE, MD 20815 US

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:** CAPITALSOURCE FINANCE II LLC

MGR

04/13/2009

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