2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# M08000004473

Entity Name: BIOMET SPORTS MEDICINE, LLC

Current Principal Place of Business:

56 EAST BELL DRIVE
WARSAW, IN 46582

New Principal Place of Business:

Current Mailing Address:

56 EAST BELL DRIVE
WARSAW, IN 46582

New Mailing Address:

P.O. BOX 587
LEGAL DEPARTMENT
WARSAW, IN 46581

FEI Number: 30-1803072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD, #221-E
PALM BEACH GARDENS, FL 33410 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:	TANDY, BRADLEY J	
Address:	56 EAST BELL DRIVE	
City-St-Zip:	WARSAW, IN 46582	
Title:	MGR	( ) Delete
Name:	SASSO, GREGORY W	
Address:	56 EAST BELL DRIVE	
City-St-Zip:	WARSAW, IN 46582	
Title:	MGR	( ) Delete
Name:	NOLAN, DAVID A JR.	
Address:	56 EAST BELL DRIVE	
City-St-Zip:	WARSAW, IN 46582	

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:	

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: BRADLEY J. TANDY MGR 04/22/2009

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