-00 MAY -4 PM 12: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

M9800000653

1. Entity Name

DES CAPITAL L.L.C.

Principal Place of Business

Mailing Address

725 ARIZONA AVENUE, SUITE 400

725 ARIZONA AVENUE. SUITE 400

SANTA MONIC	CA CA 90401	SANTA MONICA CA 904	01-1723					
2. Principal Place of Business		3. Mailing Address			<del>-</del>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Nu	05 4040707		pplied For ot Applicable	
Zip _	Country	Zip	Countr	гу _	5. Certific	5. Certificate of Status Desired		ditional _
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			<del>-</del> -	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			ļ	Street Address (P.O. Box Number is Not Acceptable)				
	ON FL 33324		ſ					
I BATTATION I E GOODY			ļ	City	FL Zip Code			de e
8. The above	e named entity submits this statement	for the purpose of changing it	ts registere	d office or regis	tered agent, or	both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agei	of part title if applicable (NC	TE: Pagietered	Agent signature requi	ited when reinstation	) DATE		<del></del>
	Signature, typed of printed figure of registered sign	in and the happineasie.	TE. NOGISTEI EU	Agont aignatore requi		,		
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	,	Make Check P	ayable to	Department	of State			
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9.	MANAGING MEM	<del></del>	10. TITLE		<del></del> _	ADDITIONS/CHANGE	X) Change	Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

RAME

CITY- 81- ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Delete

☐ Change

Addition