



04-11-2003 90159 037 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99-000003050 1. Entity Name STATE ID: F99000003050 TLG LENDING, INC		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 13901 SUTTON PARK DR. SOUTH Suite, Apt. #, etc. SUITE 150 City & State JACKSONVILLE, FL		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
4. FEI Number 36-4270979		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE		
NAME NRAS SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. City TALLAHASSEE FL Zip Code 32301		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing))</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. JAMES P. MCCARTHY 13901 SUTTON PARK DR. SOUTH SUITE 150 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CHRISTOPHER L. BAYES 650 NARBONNS RD. SUITE 101 CLAYMONT, DE 19703	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. NATHAN W. BUENS 12907 SUTTON-PARK DR. SOUTH #150 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address that is either like empowered.		
SIGNATURE:  NATHAN W. BUENS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/9/03 Date 904-223-2160 Daytime Phone #

CFR2E034B (12/02)