

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001069

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: OSS LENDERS, LLC

**Current Principal Place of Business:**

19501 BISCAYNE BLVD.  
SUITE 400  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19501 BISCAYNE BLVD.  
SUITE 400  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-1078007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROMINE, MARIO A  
19501 BISCAYNE BLVD.  
SUITE 400  
AVENTURA, FL 33180 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: SOFFER, JEFFREY M  
Address: 19501 BISCAYNE BOULEVARD, SUITE 400  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: SCHIFF, STEVEN  
Address: 9955 NORTH KENDALL DRIVE, SUITE 205  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

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 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 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: JEFFREY SOFFER      MGRM      04/29/2005

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