

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008078

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** MAHOGANY LENDING GROUP, LLC

**Current Principal Place of Business:**

10717 SW 104TH STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

18710 SW 107TH AVE  
#32  
MIAMI, FL 33157

**Current Mailing Address:**

PO BOX 560204  
MIAMI, FL 33256

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HENRIQUES, G.O.L.  
10717 SW 104TH STREET  
MIAMI, FL 33176    US

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

HENRIQUES, G.O.L.  
18710 SW 107TH AVE  
#32  
MIAMI, FL 33157    US

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: G.O.L. HENRIQUES

04/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            HENRIQUES, G.O.L.  
Address:        10717 SW 104TH STREET  
City-St-Zip:    MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title:            MGRM            (X) Change ( ) Addition  
Name:            HENRIQUES, G.O.L.  
Address:        10717 SW 104TH STREET  
City-St-Zip:    MIAMI, FL 33176

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: G.O.L. HENRIQUES

MGRM

04/23/2007

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