## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000084100** 

1. Entity Name
PENINSULA LENDERS LLC



FILED Feb 28, 2007 08:00 A Secretary of State

Principal Place of Business

75 NE 6TH AVENUE SUITE 103

DELRAY BEACH, FL 33483

Mailing Address

75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483

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DO NOT WRITE IN THIS SPACE

02202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number		Applied For		
20-3361276		Not Applicable		
5. Certificate of Status Desired		00 Additional Regulred		

6. Name and Address of Current Registered Agent

WEINSTEIN, NORMAN S 75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char- tions of registered agent.	nging its register	ed office or re	egistered agent,	or both, in the State	e of Florida. I am far	miliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registere	ed Agent signature	required when reinsta	ting)	DATE	······
, FI	lling Fee is \$50.00 ue by May 1, 2007						
9. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	MANAGING MEMBERS/MANAGERS  MGR STATESIDE CAPITAL CORP. 75 NE 6TH AVENUE, SUITE 103 DELRAY BEACH, FL 33483				U00 03/09/	000651395 07-80004-02	22 50.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				_	<u>-</u> د		

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Norman S. Weinstein

2/21/07

561-278-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Data

Daytime Phone #