


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000084100 1. Entity Name PENINSULA LENDERS LLC	
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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



01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3361276	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STATESIDE CAPITAL CORP. 75 NE 6TH AVENUE, SUITE 103 DELRAY BEACH, FL 33483
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 02/15/08-80008-023 138.75

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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Norman S. Weinstein 2/4/08 561-278-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #