

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060271

Entity Name: MUTUAL LENDING LLC

FILED  
Jan 15, 2008  
Secretary of State

**Current Principal Place of Business:**

8020 CORAL WAY,  
SUITE 5  
MIAMI, FL 33155

**New Principal Place of Business:**

8020 CORAL WAY  
SUITE 5  
MIAMI, FL 33155

**Current Mailing Address:**

8020 CORAL WAY  
SUITE 5  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 26-0307235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROCHE, ALEJANDRO  
8020 CORAL WAY  
SUITE 5  
MIAMI, FL 33155 US

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

BROCHE, AIMEE  
8020 CORAL WAY  
SUITE 5  
MIAMI, FL 33155 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: AIMEE BROCHE

01/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LLORENTE, ORESTES  
Address: 8020 CORAL WAY, SUITE 5  
City-St-Zip: MIAMI, FL 33155

Title: MGR ( ) Delete  
Name: BROCHE, ALEJANDRO  
Address: 8020 CORAL WAY, SUITE 5  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BROCHE, AIMEE  
Address: 8020 CORAL WAY, SUITE 5  
City-St-Zip: MIAMI, FL 33155

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: AIMEE BROCHE

MGR

01/15/2008

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