


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

01-26-2005 90059 021 ****50.00

DOCUMENT # L04000001725	
1. Entity Name RSM LENDING GROUP, LLC	

Principal Place of Business THE COLONNADE, STE 302 2333 PONCE DE LEON BLVD CORAL GABLES FL 33134	Mailing Address THE COLONNADE, STE 302 2333 PONCE DE LEON BLVD CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 20-0999256	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent SANCHEZ-MEDINA, ROLAND JR THE COLONNADE, STE 302 2333 PONCE DE LEON BLVD CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE MANAGER	NAME Rolando Sanchez-Molina M.D.	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 2333 Ponce de Leon Blvd., Suite 302	CITY-STATE-ZIP Coral Gables FL 33134			STREET ADDRESS	CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP			STREET ADDRESS	CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP			STREET ADDRESS	CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP			STREET ADDRESS	CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP			STREET ADDRESS	CITY-STATE-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Rolando Sanchez-Molina, Manager* Date: *Jan 19, 2005* Daytime Phone: *(305) 448-4344*