
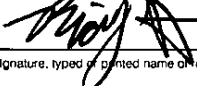
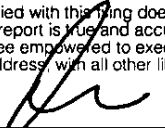


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008409						
1. Entity Name NEIGHBORHOOD LENDING PARTNERS, INC.						
Principal Place of Business 3615 W. SPRUCE STREET TAMPA, FL 33607			Mailing Address 3615 W. SPRUCE STREET TAMPA, FL 33607			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 01-0581489		
Zip		Country		Applied For Not Applicable		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA, INC ONE TAMPA CITY CENTER SUITE 2100 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301		
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 		Ricky Soto Assistant Secretary		03/20/08		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D BRITTON, CHARLES 601 N. ASHLEY DRIVE TAMPA, FL 33602		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C A. Zoster Castiglia 150 ALHAMBRA CIRCLE Suite 100 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/V McDONALD, BRUCE 600 N WESTSHORE BLVD., SUITE 502 TAMPA, FL 33609		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/C ALVAREZ, MANUEL G 4144 N. ARMENIA TAMPA, FL 33607		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000121418340 03/27/08--01007--007 **245.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D REYES, DEBRA 4116 W. MCKAY AVE. TAMPA, FL 33607		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXC SIDES, REID 822 A1A N. SUITE 100 PONTE VEDRA BEACH, FL 32082		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T BROWN, KEITH 4600 W. CYPRESS TAMPA, FL 33607		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.						
SIGNATURE: 		C. A. N. W. H. S. C. F. O.		3-13-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 20 PM 2:55



03062008 Chg-NP CR2E037 (12/06)