2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 840396

1. Entity Name
LLOYDS TSB BANK PLC

Principal Place of Business	Mailing Address
25 GRESHAM STREET LONDON EC2V 7HN,	2 S. BISCAYNE BLVD. SUITE 3200 MIAMI, FL 33131

01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3321516
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESTIMA, CARLOS
ONE BISCAYNE TOWER
SUITE 3200
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLANK, VICTOR
STREET ADDRESS	25 GRESHAM STREET
CITY-ST-ZIP	LONDON, ec2v 7hn
TITLE	D
NAME	CRUZ, ANTONIO
STREET ADDRESS	1 BISCAYNE TOWER, SUITE 3200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DO
NAME	DANIELS, ERIC
STREET ADDRESS	25 GRESHAM STREET
CITY-ST-ZIP	LONDON, ec2v 7hn
TITLE	DO
NAME	WEIR, HELEN
STREET ADDRESS	25 GRESHAM STREET
CITY-ST-ZIP	LONDON EC2V 7HN,
TITLE	D
NAME	ESTIMA, CARLOS
STREET ADDRESS	ONE BISCAYNE TOWER, SUITE 3200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	O
NAME	MCKENDRY, KEVIN P ESQ.
STREET ADDRESS	1251 AVE OF THE AMERICAS (39TH FLOOR)
CITY-ST-ZIP	NEW YORK, NY 10020

U00000804226
02/05/08-80059-018 150.00

DO NOT WRITE IN THIS SPACE

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 607, 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: _____ 1/24/08 (305) 5798942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SVP & MANAGER