2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000012919 1. Entity Name					APPROVER AND FILED	, '		
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DIGITAL.NET LENDING, L.L.C.					OT APR 26 AMI	1		
	· · · · · · · · · · · · · · · · · · ·				SECRETARY OF STAULAHASSEE, FI	STATE : CORIDA		
Principal Place of Business 1717 NORTH BAYSHORE DR., STE. 124 ATTN: DAVID L. WILSON MIAMI FL 33132			1717 NORTH BAYSHORE DR., STE. 124 ATTN: DAVID L. WILSON		IACCANASSEL	; ;		
2. Principal Place of Business 3. Mailing Address					(
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	e	City & State	City & State		Jumber 050644	i \	oplied For	
Zip Country		Zip	Country	5. Certificate of Status Desired		\$5.00 44	ditional	
	6. Name and Address of Current	t Registered Agent		7. Nam	e and Address of New Regi			
-	- 4	· ·	Name					
SELF, DA		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	self, p.a. Jra st., ste. 235	<u> </u>			<u> </u>			
	City							
WEST PALM BEACH FL 33401						FL Zip Cod	е	
8. The above	named entity submits this statement f	or the purpose of changing	its registered office or regis	stered agent,	or both, in the State of Florida	3 .		
						i		
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registered Agent signature requ	ired when reinstati	ng)	DATE		
		EILE	NOW!!! FEE IS \$50.0	ın		į		
			Payable to Departmen					
	<u>.</u>				ADDITIONS/CH			
9.	MANAGING MEME	BERS/MEMBERS Delete	10.				Addition {	
title Name Street address City-St-Zip	WILSON, DAVID L 1717 NORTH BAYSHORE DR., MIAMI FL 33132	•	NAME STREET ADDRESS CITY-ST-ZIP		9000041: -05/10/0 ******50	32 753 1010050 .00 *****	017	
TITLE NAME STREET ADDRESS	MGRM SELF, DAVID C II 324 DATURA ST., STE. 235	☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition 8	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	□ Dalue	CITY-ST-ZIP			! ☐ Change	Addition	
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NAME Street Address City-St-Zip	ı		NAME STREET ADDRESS CITY-ST-Z!P			1		
indicated	certify that the information supplied wit on this report is true and accurate an bility company or the receiver or truste	d that my signature shall hav	ve the same legal effect as	if made unde	r oath; that I am a managing	ther certify that the in member or manage	nformation or of the	